



Maternity Centre of Hamilton
100 Main Street W; 3rd Floor
Hamilton Ontario
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maternitycentre.ca

McMaster Family Practice
100 Main Street W; 3rd Floor
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mcmasterfamilypractice.ca

Stonechurch Family Health Centre
1475 Upper Ottawa Street
Hamilton Ontario
Canada L8W 3J6
stonechurchclinic.ca

CONSENT TO USE ELECTRONIC COMMUNICATION

REFERENCE ONLY

The McMaster Family Health Team (MFHT) has offered to communicate and provide services using the following means of electronic communication:

- Email
- Videoconferencing / Virtual Visits

This form is an agreement between you and the MFHT for the use of the electronic communication services identified above to provide you with healthcare.

EMAIL

The MFHT supports the use of email with patients as an additional option for communication, not a replacement of traditional means of contact such as telephone, mail or in person. While the provider and patient may agree to communicate using email communication, NEITHER party is obligated to do so.

What we may use your email for:

- Reminding you of your appointments
- Provision of clinical care as outlined in this document
- Sharing your email information with other health care providers who are providing you with health care
- Keeping you informed of your referral status when you have been referred to another health care provider
- Upcoming programs, health promotion material, educational resources, surveys, and notices for workshops or clinics (e.g. flu shot clinic)
- General clinic information such as clinic hours, on-call clinics, changes in practice etc.

VIDEOCONFERENCING / VIRTUAL CARE VISITS

The MFHT offers videoconferencing / virtual care visits as an option to ensure continued care for patients that is safe and effective. If you are concerned about using video or audio technologies you can ask our office to arrange for your visit to be in person at the clinic, or by telephone.



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RISKS AND LIMITATIONS

The MFHT will use reasonable means to protect the security and confidentiality of information sent and received using the electronic communication services outlined in this agreement. All medical communications carry some degree of risk and the MFHT cannot guarantee the security and confidentiality of electronic communication.

The risks associated with the use of email communication are real and should be understood. These risks may increase further with the use of personal email accounts. These risks include, but are not limited to:

- Messages from your healthcare provider may be seen by others using the Internet. Email is easy to forge, may be accidentally forwarded, and may exist indefinitely on the internet.
- For the proper delivery of care to you, email messages may exist as an electronic or paper record within your home clinic.
- The clinic cannot guarantee that messages generated by email will be received, read or responded to within any particular period of time. **DO NOT USE EMAIL FOR MEDICAL EMERGENCIES AND/OR OTHER TIME-SENSITIVE MATTERS.**

We do our best to ensure that any information you share with us during a videoconference / virtual care visit is private and secure, however, there is a security risk that your health information may be intercepted or disclosed to third parties when using video or audio communication tools. This method of communication is not secure in the same way as a private appointment in an exam room.

To help us keep your information safe and secure, you can:

- Use a private computer/device (i.e., not an employer's or third party's computer/device) and a secure internet connection. For example, using a personal computer or tablet is more secure than at a library, and your access to the Internet on your home network will generally be more secure than an open guest Wi-Fi connection.



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TERMS OF USE

- I understand that it is my responsibility to monitor email received at the indicated email address, and to advise the clinic of any email address changes, or if my email address should no longer be used by the clinic.
- I understand that only the email address specified below will be used by the clinic for communication to me.
- I understand that the clinic cannot guarantee the security of information that I send to or receive from the clinic, and that there is a possibility that my health information may be intercepted or disclosed to third parties when using electronic communication tools.
- I agree not to use email communication to relay any emergency or urgent information about myself and understand that the clinic does not guarantee the receipt or review of any email messages that I may send to the clinic.
- I understand and agree that individual healthcare providers may make decisions about my treatment based on information I provide through electronic communication and that this information may form part of my health record.
- I understand that I may stop using electronic communication for clinical purposes at any time, at which point I will directly notify the clinic in person or in writing, of my decision to stop using electronic communication (email and/or videoconferencing) for these purposes.
- I understand that it is my responsibility to use a private computer/device and secure internet connection when using electronic communication with my healthcare provider.
- I understand that this consent remains effective unless and until it is withdrawn.