

# Orleans Family Health Clinic

## Patient Consent and Release to Receive Emails

You have asked to receive emails from our office. There are some limits on what and when we can email you, which we will explain here.

- Orleans Family Health Clinic will contact you by email to send you:
  - Appointment bookings and reminders
  - Referral bookings
  - General information about our office and clinics

**PLEASE NOTE: At this time, WE DO NOT ACCEPT EMAILS FROM PATIENTS to the office. Email from our office will be used only for sending the above specified information. Also, WE DO NOT USE EMAIL to exchange sensitive test results or share other clinical information.**

- Please tell us which email address you wish us to use. Don't forget to tell us of any changes to your email address.
- If you intend to receive our emails, please remember to update your address book with **staff.ofhc@gmail.com** and/or to check your junk/spam folder.
- **Email should never be used in an emergency. If you have an emergency, you should call 9-1-1 or go to your nearest hospital emergency room or health care provider immediately.**
- There are some privacy risks in using email:
  - Email is not secure. While we try to protect our emails we cannot guarantee the security and confidentiality of any email you receive from us. As the message leaves Orleans Family Health Clinic, it is sent across the internet and it could be intercepted and read.
  - Emails we send to you may be filed on your health record depending on the email message and can become a permanent part of your health record. Emails can be used as evidence in court.
  - Email is easy to forge, easy to forward (sometimes accidentally and to many people) and may exist forever.
  - If you use a work email, your employer may have a right to archive and inspect emails sent from their systems. We recommend you avoid using a work email address.
- Orleans Family Health Clinic is not responsible for information loss due to technical failures.

### **Patient Acknowledgment, Agreement and Release:**

- I have read and fully understand this consent and release form.
- I understand the risks associated with using email with Orleans Family Health Clinic and I accept those risks.

- I understand the limits set out for using email with Orleans Family Health Clinic and I agree to follow those limits.
- I understand if I no longer wish to receive Orleans Family Health Clinic emails, I will write to **staff.ofhc@gmail.com**.
- **RELEASE OF LIABILITY: I agree that Orleans Family Health Clinic (and their physicians, staff, agents and officers) shall not be responsible for any personal injury including death, and/or privacy breach (outside the control of Orleans Family Health Clinic) or other damages as a result of my choice to receive emails from the Orleans Family Health Clinic and I release the Orleans Family Health Clinic (and their physicians, staff, agents and officers) from any liability relating to communicating with me by email.**
- I understand that Orleans Family Health Clinic may choose not to deal with me by email if I am not able to follow the email rules or if the Orleans Family Health Clinic changes its email program.
- If I had any questions about this form, I have asked Orleans Family Health Clinic those questions and agree that my questions have been answered.
- I understand I have the right to have legal advice about signing this form and what it means to me and I have either sought that advice or chosen not to seek such advice.

**Email address** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:**