

Crossroads Family Practice

5110 St. Margaret's Bay Rd, Suite 201
Upper Tantallon, NS B3Z 1E2

EMAIL INFORMATION

Crossroads Family Practice is endeavouring to communicate some routine information by use of email correspondence. This is currently a one-way communication only and will not provide the patient with the opportunity to reply. We will not send test results via email.

In accordance with our office policy, it is important for you to know the inherent benefits and risks of agreeing to this service.

Benefits of using email:

By agreeing to allow us to send you email communication, you may:

- Benefit from reminders about routine procedures
- Have the opportunity to participate in some of the routine preventive care strategies that we offer from time to time
- In future, receive information regarding appointments for tests or with specialist consultants without having to contact our office for this information

Risks of using email:

The risks include, but are not limited to, the following:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep emails that pass through their system.
- Email is easier to falsify than handwritten, or signed, hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email once it has been sent.
- Emails can introduce viruses into a computer system, and potentially damage or disrupt the computer.
- Email can be forwarded, intercepted, circulated, stored, or even changed, without the knowledge or permission of the healthcare provider or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email can be used as evidence in court.

We will make every effort to protect the information that we send to you by email. We strongly encourage you to use only your personal email account. Please ensure that we have the most current email address on file. You may revoke this agreement at any time. For more information, please refer to our website privacy page, or speak to our office manager.

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EMAIL CONSENT FORM

Patient Name: _____

Health Card #: _____

Date of Birth: _____

E-mail: _____

I hereby authorize Crossroads Family Practice to communicate information with me regarding aspects of my healthcare through the email address above. My signature below denotes that I have read and understood the Email Information sheet, and accept the risk of potential loss of privacy of confidential health information associated with email communication.

I agree that Crossroads Family Practice will not be held liable for any type of damage or liability arising from, or associated with, the loss of confidentiality due to email communication that is not caused by the Healthcare Provider's intentional misconduct. I understand that Crossroads Family Practice will use reasonable means to protect the security and confidentiality of email communication. Furthermore, I understand that Crossroads Family Practice does not guarantee that this means of communication will be free from technological difficulties including, but not limited to, loss of messages and delays in transmission.

This authorization for communication by email is valid until I notify my Healthcare Provider, in writing, that I no longer authorize the use of email to communicate information regarding my healthcare. I understand that information communicated by email will be retained within my legal record and used as evidence in court.

Signed: _____ Date: _____