



PHYSICIAN - PATIENT EMAIL COMMUNICATION CONSENT / VIRTUAL CONSULT

Physician Information

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Risks of using email and virtual consultation:

ReproMed Fertility offers patients the opportunity to communicate by email and virtual consultation. Transmitting patient information poses several risks of which the patient should be aware. The patient should not agree to communication with the Physician via email or virtual consultation without understanding and accepting these risks. The risks include, but are not limited to, the following:

- The privacy and security of email and virtual consult 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 hand written 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.
- Emails can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the Physician 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 the third parties.
- Email can be used as evidence in court.
- The physician uses encryption software as a security mechanism for email communications.
- Virtual consult cannot replace and in person visit with a physical exam.

Conditions of using email:

ReproMed Fertility will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the Physician and clinic cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not the direct results of intentional misconduct of the Physician. Thus, patients must consent to the use of email includes agreement with the following conditions:

- Emails to or from the patient concerning diagnosis or treatment may be printed in full and made part of the patients medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those emails.
- The Physician may forward emails internally to the Physician's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling. The Physician will not however, forward emails to independent third parties without the patients prior written consent, except as authorized or required by law.
- Although the Physician will endeavor to read and respond promptly to an email from the patient, **the Physician and Physician's staff cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient should not use email for medical emergencies or other time sensitive matters. In cases of medical emergencies, patient should visit their local emergency department.**
- Email communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on the Physicians email and for scheduling appointments, where warranted.

- If the patient's email requires or invites a response from the Physician and the patient has not received a response within a reasonable time period; it is the patient's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- The patient agrees that the use of email for communication may include sensitive medical information, such as a diagnosis or a topic such as sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse. In some cases the Physician and clinic staff will choose to not discuss such matters over email.
- The patient is responsible for informing the Physician of any types of information the patient does not want to be sent by email, in addition to those set out in the bullet above. Such information that the patient does not want communication over email includes:

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- The patient can add to or modify this list at any time by notifying the Physician in writing.
 - The Physician and staff is not responsible for information loss due to technical failures.
 - The patient agrees to and will comply with the use of encryption software and waives the encryption requirement, with the full understanding that such waiver increases the risk of violation of the patient's privacy.

Instructions for communication by email:

To communicate by email, the patient shall:

- Limit or avoid use of employer's computer.
- Inform Patient Services (patientservices@repromed.ca) of any changes in the patient's email address and complete a new Physician – Patient Email Communication Consent.
- Include in the email; the category of the communication in the email's subject line, for routing purposes (e.g., "prescription renewal"); and the name of the patient in the body of the email.
- Review the email to make sure it is clear and that all relevant information is provided before sending to the Physician.
- Inform the Physician that the patient received an email sent by the Physician.
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the Physician
- **Should the patient require immediate assistance, or if the patient's condition appears serious or rapidly worsens, the patient should not rely on email or virtual consult.** Rather, the patient should call the Physician's office for consultation or an appointment, visit the Physician's office or take other measures, as appropriate.

Patient acknowledgement and agreement:

I/We acknowledge that I/we have read and fully understand this consent form. I/we understand the risks associated with the communication of email and virtual consultation between the Physician and me/us, and consent to the conditions outlined herein, as well as any other instructions that the Physician may impose to communicate with patients by email or virtual consultation. I/we acknowledge the Physician's right to, upon the provision of written notice; withdraw the option of communicating through email or virtual consultation. Any questions I/we may have had were answered.

Patient Name: _____ Patient Email: _____

Patient Signature: _____ Date: _____

Partner Name: _____ Partner Email: _____

Partner Signature: _____ Date: _____