



Patient Last Name: _____

Patient First Name: _____

Patient Personal Health Number (PHN): _____

The podiatrist and staff at Metro Vancouver Podiatry can use several modes of communication: emails, text messages, phone and phone messages. We will communicate with you only if you consent to some or all of these communication services. We ask you to indicate which forms of communication services you agree to use (please check off any and all options you are agreeable to):

Email

Text Messaging

Videoconferencing (ie Zoom, LiveCare, FaceTime, Skype)

Phone or phone messages

Risk of using electronic communication

We will use reasonable means to protect the security and confidentiality of information sent and received using the communication services ("services" is defined as the above methods you choose to authorize). However, because of the risks outlined below, we cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of either the sender or the recipient
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Zoom, LiveCare, Skype or FaceTime may be more open to interception than other forms of videoconferencing

If email or text is used as a communication tool, the following are additional risks:

- Email, text messages and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of using the Service:

- While we will attempt to review and respond in a timely fashion to your electronic communication, **we cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The services will not be used for medical emergencies or other time-sensitive matters.**
- If your electronic communication requires or invites a response from us and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on our electronic communication and for scheduling appointments where warranted.

Patient Initials: _____



METRO VANCOUVER PODIATRY

Helping You Put Your Best Foot Forward

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- Electronic communication concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as other physicians, staff and billing personnel, may have access to those communications.
- We may forward electronic communications to staff and those involved in the delivery and administration of your care. We might use one or more of the Services to communicate with those involved in your care. **We will not forward electronic communication to third parties, including family members, without your prior written consent, except as authorized or required by law.**
- You agree to inform us of any types of information you do not want sent via the Services, in addition to those set out above. You can add or modify the above list at any time by noticing our office in writing.
- Some services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information and administrative purposes.
- We are not responsible for information loss due to technical failures associated with your software or internet service provider

Instructions for communication using the Services:

To communicate using the Services you must:

- Reasonably limit or avoid using an employer's or third party's computer.
- Inform us of any changes in your email address, mobile phone number or other account information necessary to communicate via the Services

If the Services include email, instant messaging and/or text messaging, the following applies:

- Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your full name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to us.
- Ensure we are aware when you receive an electronic communication from us, such as by a reply message
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only be email or written communication to our office
- **If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services.** Rather, you should call the our office or take other measures such as going to the nearest Emergency Department or urgent care clinic.

Acknowledgement

I acknowledge that I have read and fully understand the risks, limitations, conditions of use and instructions for use of the selected communication services described in this consent form. I understand and accept the risks outlined associated with the use of these communication services with the physician and staff. I consent to the conditions and will follow the instructions outlined above, as well as any other conditions that the Physician may impose on communications with patients using the communication services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the physician or staff using the Services may not be encrypted. Despite this, I agree to communicate with the physician or the physician's staff using these services with a full understanding of the risk.

I acknowledge that either I or the physician may, at any time, withdraw the option of communicating electronically upon providing written notice.

Today's Date: _____ Printed Name: _____ Date of Birth _____

Personal Health Number (PHN): _____ Signature: _____