

**Guideline on Obtaining Consent *re* Personal Health
Information to be Transmitted *via* Email**

APPENDIX A

Consent for Electronic Mail Correspondence

Information and Instructions for CLIENTS

I, [name and designation], am pleased to communicate with you through electronic-mail (e-mail) at your request. However, you should know that e-mail messages are not a secure method of communication, and therefore McMaster University cannot guarantee the security of messages that you send to or receive from me or other regulated health professionals. For this reason, e-mail should not be used to communicate personal health information. You also need to be aware of the fact that all e-mail communication will be retained as part of your health record and becomes the property of McMaster University.

Please be aware that the Information and Privacy Commissioner (IPC), Ontario does not support the practice of communicating personal health information via e-mail.

Please confirm that you are aware of the above information and still wish to communicate by e-mail.

I, _____ (Name), whose e-mail address is

_____ request and authorize you,

_____ (health professional), McMaster University, and those staff members/designates listed below*, to communicate with me about the following aspects of my health and medical care by means of electronic mail.

List of subjects that may be addressed via e-mail: (e.g. prescription re-fills; appointment scheduling; mental health issues):

By giving this authorisation I demonstrate an understanding of the following issues related to the use of electronic mail:

- I understand that electronic mail is not appropriate for communication about all health issues, particularly those of an urgent nature and healthcare providers can make no guarantee of response within a certain time frame.
- I understand that electronic mail is not encrypted and therefore not as confidential as mail or telephone communication.
- I understand that it is possible for a third party to intercept or read electronic mail without the knowledge of either the sender or recipient of the mail. Because of the ease and informality with which electronic mail can be used and because electronic mail may be easily forwarded to multiple addresses, the potential loss of confidentiality associated with its use may be of greater consequence than that suffered with written or telephone communication.
- Since McMaster University does not operate or control any service on the internet, I understand that McMaster University cannot and does not guarantee that use of this means of communication will be free from technological difficulties, including, but not limited to, loss of messages.
- I understand that information communicated by means of electronic mail will be incorporated and retained within my medical record. As a result, that information, including my electronic mail address, may be disseminated as part of an authorized release of a copy of my medical record.

My signature below denotes that I accept the risk of loss of privacy or confidential health information associated with communication by electronic mail and nonetheless agree to its use. I also agree that my regulated healthcare professional and/or McMaster University shall not be liable for any type of damage or liability arising from or associated with loss of confidentiality due to communication by electronic mail.

This authorization is valid until I notify you in writing that I no longer consent to the use of electronic mail to communicate information concerning my health care. McMaster University also retains the right to terminate electronic mail as a means of communication at any time if, in the healthcare provider's judgement, it becomes appropriate to do so.

Signature of client

Date

***The following staff member(s) may also have access to your e-mail correspondence:**
