



FSM Text and E-mail Recalls, E-booking & E-Mail Consent Form

My name is _____

My email is _____

My cellular number is _____

I am a patient at Fraser Street Medical. By signing this agreement, I understand and give consent for my participation in online booking, text and email recalls. ***My e-mail will be kept confidential only for the purposes of communication and recall with Fraser Street Medical and will not be given to any third party.***

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of electronic communication below. I understand and accept the risks outlined associated with the use of the Services in communications with the Physician and the Physician's staff.

I acknowledge and understand that despite recommendations that encryption software be used as a security measure for electronic communications, it is possible that communications with the Physician or the Physician's 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.

The Physician will use reasonable means to protect the security and confidentiality of information sent and received. However, because of the risks outlined below, the Physician 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 be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
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- 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 Skype or Face Time may be more open to interception than other forms of videoconferencing

If the email or text is used as an e-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.

FSM PATIENT-PHYSICIAN AGREEMENT FOR NO SHOW POLICY AND LATE VISIT POLICY

To better manage your care and to ensure that we are able to function sustainably and see you in a reasonable time period, our No Show Policy and Late Visit Policy **will be enforced at the discretion of the physician.**

PATIENT’S RESPONSIBILITIES

1. Please cancel your appointment if booked via e-booking or if booked by phone or email, simply email us SUBJECT: CANCELLATION at **appointments@fraserstreetmedical.com** or call 604.322.3366 and speak to the receptionist to cancel with **at least 24 hours notice.**
2. Please show up **5 minutes prior** to your assigned appointment time to ensure you get parking and check-in on time.
3. Update your **cellular phone number and address** with the receptionist.
4. Besides being charged a no show fee, you may be called in to review this policy in person with your physician if there is a pattern of No Shows or late appointments.

Signed this ___ day of _____, 201___

Patient’s Name Printed: _____

Patient’s Signature: _____
