



**Text, E-booking & E-Mail Consent Form**

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**PATIENT ACKNOWLEDGMENT AND AGREEMENT:**

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described in this consent form. I understand and accept the risks outlined in this consent form, associated with the use of the Services in communications with the Physician and the Physician's staff. I consent to the conditions and will follow the instructions outlined, as well as any other conditions that the Physician may impose on communications with patients using the 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 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 through the Services upon providing written notice. Any questions I had have been answered.

The Physician will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). 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 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 the Physician or the patient.
- 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 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 and text messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email and text 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.

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.**

**My email is** \_\_\_\_\_

**My cellular number is** \_\_\_\_\_

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SIGNED Date: \_\_\_\_\_  
in the presence of:

\_\_\_\_\_  
Witness (signature)

\_\_\_\_\_  
Patient Signature

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**Patient Consent to Access PharmaNet  
And Other Personal Health Information**

Name:

Date of Birth

I, \_\_\_\_\_, Authorize my physicians and the office staff, as directed by a physician at Fraser Street Medical to:

- access my health information in the EMR (Electronic Medical Record used by the clinician to manage your health information) and PharmaNet (PharmaNet is a computerized pharmacy network and database established by the Province of British Columbia)
- use such information to provide therapeutic treatment or health care to me, or to monitor drug use by me;
- keep a copy of such information for their patient chart;
- I understand that withdrawal of this consent must be in writing, addressed and delivered to the clinic.

Executed in Vancouver \_\_\_\_\_, on Date: \_\_\_\_\_

SIGNED AND DELIVERED  
in the presence of:

\_\_\_\_\_  
Witness (signature)

\_\_\_\_\_  
Patient Signature

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\_\_\_\_\_  
(NAMES printed)

\_\_\_\_\_  
(NAMES printed)