Please complete all areas where print is RED

* Patient Name:

* Patient Date of Birth:

* Student Number:

* Patient E-mail:

1. RISK OF USING E-MAIL
   Transmitting patient information by E-mail has a number of risks that patients should consider. These include, but are not limited to, the following:
   a) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
   b) E-mail senders can easily misaddress an E-mail.
   c) Backup copies of E-mail may exist even after the sender or the recipient has deleted his or her copy.
   d) Employers and on-line services have a right to inspect E-mail transmitted through their systems.
   e) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
   f) E-mail can be used to introduce viruses into computer systems.

2. CONDITIONS FOR THE USE OF E-MAIL
   QSH cannot guarantee but will use reasonable means to maintain security and confidentiality of E-mail information sent and received. The Patient and QSH must consent to the following conditions:
   a) E-mail is not appropriate for urgent or emergency situations. The Provider cannot guarantee that any particular E-mail will be read or responded to.
   b) E-mail must be concise. The Patient should schedule an appointment if the issue is too complex or sensitive to discuss via E-mail.
   c) E-mail communications between patient and provider will be filed in the Patient’s permanent medical record or departmental file.
   d) The Patient’s messages may also be delegated to another provider or staff member for response. Office staff may also receive and read or respond to patient messages.
   e) QSH will not forward patient-identifiable E-mails outside of the QSH healthcare system without the Patient’s prior written consent, except as authorized or required by law.
   f) The Patient should not use E-mail for communication regarding sensitive medical or financial information.
   g) It is the Patient’s responsibility to follow up and/or schedule an appointment if warranted.

h) Medical advice will not be provided by E-mail

i) QSH is not responsible for technical failures which may preclude receipt of your emails.

3. PATIENT ACKNOWLEDGMENT AND AGREEMENT
   I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of E-mail between QSH and me or as specified. I consent to the conditions and instructions outlined here, as well as any other instructions that the QSH may impose to communicate with me by E-mail. I agree to use only the pre-designated e-mail address specified above.

4. Complete section below if you are not the designated recipient of the specified medical information to be e-mailed

Please E-mail Medical Information to:
Name:______________________________________
E-mail Address:______________________________
Information to be E-mailed:
☐ All
☐ Limited to:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
h) Medical advice will not be provided by E-mail

Please print, sign, scan and send via E-mail to student.health@queensu.ca or bring to QSH in the LaSalle Building at 146 Stuart Street.