

**QUEEN'S STUDENT HEALTH (QSH)  
PATIENT E-MAIL CONSENT FORM**



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**

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**Please E-mail Medical Information to:**

**Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Information to be E-mailed:**

All

Limited to:

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\* **Patient Signature**

\_\_\_\_\_

\* **Date**

\_\_\_\_\_

\* **Witness Signature**

\_\_\_\_\_

\* **Date:**

\_\_\_\_\_

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