

STUDENT WELLNESS SERVICES (SWS)

STUDENT EMAIL CONSENT FORM



Please complete all areas that are starred (*)

- * **Student's Name:** _____
- * **Student's Date of Birth:** _____
- * **Student Number:** _____
- * **Queen's Email:** _____

1. EMAIL COMMUNICATION

Student Wellness Services uses email to communicate information that may be of a sensitive nature to students. This includes information about appointment bookings, rescheduling appointments, invoices, referral updates, test result follow-ups, and other similar information.

2. RISK OF USING EMAIL

Risks to consider include but are not limited to:

- a) Email can be circulated, forwarded, stored, printed, and broadcast to unintended recipients.
- b) Email senders can misaddress an email.
- c) Backup copies of email may exist even after the sender or the recipient has deleted his or her copy.
- d) Queen's University has the right to inspect email transmitted through their systems.
- e) Email can be intercepted, altered, forwarded, or used without authorization or detection.
- f) Email can be used to introduce viruses

3. CONDITIONS FOR THE USE OF EMAIL

SWS cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. The Student and SWS must consent to the following conditions:

- a) Email is not appropriate for urgent or emergency situations. The Provider cannot guarantee that any particular email will be read or responded to.
- b) Email must be concise. The Student should schedule an appointment to discuss the details of an issue.
- c) Email communications will be filed in the Student's permanent health record or departmental file.
- d) Emails 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) Emails sent by students will not be forwarded outside of SWS without the Student's prior written consent, except as authorized or required by law.
- f) Email should not be used for communication regarding details of medical or health conditions.
- g) It is the Student's responsibility to follow up and /or schedule an appointment if warranted.

- h) Medical / health advice will not be provided by email
- i) SWS is not responsible for technical failures which may preclude receipt of your emails.

4. AUTOMATED EMAILS

SWS sends automated emails to remind students of appointments. The automated reminders contain information about the date and time of the student's appointment at SWS. SWS may also send emails with a link to provide feedback on SWS services. These automated emails do not contain any information about the appointment or nature of service received.

5. STUDENT ACKNOWLEDGMENT AND AGREEMENT

- I understand the risks associated with the communication of email between SWS and me.
- I understand that if I initiate contact by email, SWS may take that as consent to reply by email to the content of my email.
- I understand that I can choose to consent to email as a means of contact for SWS.
- I understand the conditions and instructions outlined here, and accept that SWS may impose other instructions related to communicating with me by email.
- I agree to use only the pre-designated email address specified above.
- I understand that in using Student Wellness Services, I acknowledge that I have read, understand and accept the practices described above.

* _____(Initials) I give consent for SWS to use email as a means of contact with me.

* _____(Initials) I **do not** give consent for SWS to use email as a means of contact with me. I understand this means I will not receive appointment reminders.

* **Student Signature** _____

* **Date** _____

* **Witness Signature** _____

* **Date** _____