



CLIENT CONSENT TO ELECTRONIC COMMUNICATIONS

This template is intended as a *basis for an informed discussion*. If used, providers should adapt it to meet the particular circumstances in which electronic communications are expected to be used with a client. Consideration of jurisdictional legislation and regulation is strongly encouraged.

NOTE TO CLIENT: We want your informed consent. In order to communicate with you by text messaging and/or email, video conferencing, etc. we need to make sure you are aware of the privacy risks and other issues that arise when we communicate this way and to document your agreement, knowing the risks involved.

Quest has offered to communicate using the following means of electronic communication ("the Services") [check all that apply]:

<input type="checkbox"/> Email	<input type="checkbox"/> Videoconferencing (Zoom, Facetime, etc.)
<input type="checkbox"/> Text messaging (including instant messaging)	<input type="checkbox"/> Website/Portal
<input type="checkbox"/> Social media (specify): _____	
<input type="checkbox"/> Other (specify): _____	

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 the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communications with the provider and the Allied Health team. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the provider may impose on communications with clients 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 provider and the Allied Health team using the Services may not be encrypted. Despite this, I agree to communicate with the provider and the Allied Health team using these Services with a full understanding of the risk.

I acknowledge that either I or the provider may, at any time, withdraw the option of communicating electronically through the Services upon providing written/expressed notice. Any questions I had have been answered.

Client name: _____

Client address: _____

Client home phone: _____

Client mobile phone: _____

Client email (if applicable): _____

Other account information required to communicate via the Services (if applicable): _____

Client signature: _____	Date: _____
Witness signature: _____	Date: _____

Client initials _____

APPENDIX

Risks of using electronic communication

Quest providers 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 provider 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 provider 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 Zoom or FaceTime, etc. 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.

Conditions of using the Services

- While the provider will attempt to review and respond in a timely fashion to your electronic communication, **the provider cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters.**

- If your electronic communication requires or invites a response from the provider and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the provider's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as Allied Health and administrative staff, may have access to those communications.
- The provider may forward electronic communications to staff and those involved in the delivery and administration of your care. The provider might use one or more of the Services to communicate with those involved in your care. The provider will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You and the provider will not use the Services to communicate sensitive medical information about matters specified below [check all that apply]:
 - Sexually transmitted disease
 - AIDS/HIV
 - Mental health
 - Developmental disability
 - Substance abuse
 - Other (specify):
- You agree to inform the provider of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying the provider in writing.
- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- The provider is not responsible for information loss due to technical failures associated with your software or internet service provider.

Client initials _____

APPENDIX CONTINUED

Instructions for communication using the Services

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform the provider of any changes in the client's email address, mobile phone number, or other account information necessary to communicate via the Services.

If the Services include email, instant messaging and/or text messaging, the following applies:

- Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your full name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to the provider.

- Ensure the provider is aware when you receive an electronic communication from the Physician, such as by a reply message or allowing "read receipts" to be sent.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email, expressed or written communication to the provider or Quest.
- **If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services.** Rather, you should call the Quest's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.
- Other conditions of use in addition to those set out above: *(client to initial)*

I have reviewed and understand all of the risks, conditions, and instructions described in this Appendix.

Client signature

Date

Client initials_____