

**Andrew Street Family Health Centre (ASFHC)  
Patient Consent and Release to Receive Emails**

We may use email to communicate with you, if you are agreeable to the following terms. There are some limits on what and when we can email you, which we will explain here.

- Andrew Street Family Health Centre may contact you by email to send you:
  - Appointment bookings and reminders, Referral bookings, General information about our office, Certain test results

**Please note: At this time, email is only for one way communication from us to you. We regret at this time we can not receive emails from you, but if that changes in the future, your signed consent below will suffice as consent for two-way communication, subject to the the terms and conditions already outlined.**

- If you intend to receive our emails, please remember to update your address book with **noreply@andrewstfamilyhealth.com** and/or to check your junk/spam folder.
- **Email should never be used in an emergency. If you have an emergency, you should call 9-1-1 or go to your nearest emergency room.**
- **Email should never be used for urgent problems (where you need a response from us by a certain time). If you have an urgent issue, you should call the office and make an appointment to see your ASFHC health care provider.**
- There are some privacy risks in using email:
  - Email is not secure. While we try to protect our emails we cannot guarantee the security and confidentiality of any email you receive from us. As the message leaves ASFHC it is sent across the internet and it could be intercepted and read.
  - Emails we send to you may be filed on your health record depending on the email message and can become a permanent part of your health record. Emails can be used as evidence in court.
  - Email is easy to forge, easy to forward (sometimes accidentally and to many people) and may exist forever.
  - If you use a work email, your employer may have a right to archive and inspect emails sent from their systems. We recommend you avoid using a work email address.
- ASFHC is not responsible for information loss due to technical failures.

**Patient Acknowledgment, Agreement and Release:**

- I have read and fully understand this consent and release form.
- I understand the risks associated with using email with ASFHC and I accept those risks.
- I understand the limits set out for using email with ASFHC and I agree to follow those limits.
- I understand if I no longer wish to receive ASFHC emails, I will call the office.
- **RELEASE OF LIABILITY: I agree that ASFHC or the Family Health Organization (and their physicians, staff, agents and officers) shall not be responsible for any personal injury including death, and/or privacy breach (outside the control of ASFHC or Family Health Organization) or other damages as a result of my choice to receive emails from the ASFHC and I release the ASFHC and Family Health Organization (and their physicians, staff, agents and officers) from any liability relating to communicating with me by email.**
- I understand that ASFHC may choose not to deal with me by email if I am not able to follow the email rules or if the ASFHC changes its email program.
- If I had any questions about this form, I have asked ASFHC those questions and agree that my questions have been answered.
- I understand I have the right to have legal advice about signing this form and what it means to me and I have either sought that advice or chosen not to seek such advice.

**PREFERRED EMAIL ADDRESS:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

**NAMES OF CHILDREN UNDER AGE 16 or DEPENDENTS:** \_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_