



## **CONSENT TO USE ELECTRONIC COMMUNICATION**

### **THE STABLE GROUNDS INFORMATION**

Roles/Titles of individuals who may contact you: Clinic Director, Program Director, Therapist, Office Manager

Address: Head Office address is 16090 Dufferin Street, King City, Ontario L7B 1K5

Email: [info@thestablegrounds.com](mailto:info@thestablegrounds.com), [clinic@thestablegrounds.com](mailto:clinic@thestablegrounds.com), [office@thestablegrounds.com](mailto:office@thestablegrounds.com)

Phone: (905) 717-5921 or (416) 540-5924 or (519) 785-7874 Website: [www.thestablegrounds.com](http://www.thestablegrounds.com)

**The Stable Grounds clinic and program staff has offered to communicate using the following means of electronic communication ("the Services"):** Primarily email. Other methods may include text messaging and video conferencing (Skype)

### **PATIENT ACKNOWLEDGMENT AND AGREEMENT**

I acknowledge that I have read and full understand the risks, limitations, conditions of use, and instructions for use of the communication methods listed above. 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 Clinic Director, Program Director and Therapists. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the Clinic Director 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 communication, it is possible that communication with the Clinic Director or staff using the Services may not be encrypted. Despite this, I agree to communicate with the Clinic Director and staff using these Services with a full understanding of the risk.

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

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Client Home Phone Number: \_\_\_\_\_

Client Cell Phone Number: \_\_\_\_\_

Client Email Address: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX

### RISKS OF USING ELECTRONIC COMMUNICATION

The Clinic Director and staff 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 communication form). However, because of the risks outlined below, the Clinic Director and staff 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 communications, it is not possible to completely secure the information.
- Employers and online service 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 Clinic Director, staff or the client.
- 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.
- Video conferencing using services such as Skype or FaceTime may be more open to interception than other forms of video conferencing.

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 Clinic Director and staff will attempt to review and respond in a timely fashion to your electronic communication, they cannot guarantee that all electronic communication will be reviewed and respond 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 Clinic Director or staff 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 concerning diagnosis or treatment may be printed or transcribed in full and made part of your file. Other individuals authorized to access the file, such as therapeutic staff or billing personnel, may have access to those communications.
- The Clinic Director or staff may forward electronic communication to staff and those involved in the delivery and administration of your care. The Clinic Director and staff might use one or more of the Services to communicate with those involved in your care. They will not forward electronic communication to third parties, including family members, without your prior written consent, except as authorized or required by law.
- The Services will not be used to communicate sensitive medical information about matters such as sexually transmitted disease, AIDS/HIV mental health, developmental disability, or substance abuse. Similarly, the Physician will not discuss such matters via the Services.
- 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.
- You agree to inform the Clinic Director or staff of any types of information you do not want sent via the Services, in addition to those set out above, including:

## 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 computer
- Inform the Clinic Director or staff of any changes in your 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. "WSIB claim number"), 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 Clinic Director or staff.
- Ensure the Clinic Director or staff is aware when you receive an electronic communication from the Clinic Director or staff, 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 or written communication to the Clinic Director and staff.

You can add to or modify this list at any time by notifying the Clinic Director or staff in writing.

- The Clinic Director and staff are not responsible for information loss due to technical failures associated with your software or internet provider.
- 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 Clinic Director'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: \_\_\_\_\_