

CLIENT CONSENT FOR EMAIL COMMUNICATION

CLIENT NAME:	CHART #
CHILD'S ADDRESS:	BIRTH DATE:
Mother's Name:	Email:
ADDRESS: Same as above OR:	
FATHER'S NAME:	Email:
ADDRESS: Same as above OR:	
CUSTODY: Parents: Joint: Exclusive: Special Arrangement:(Specify)	

Overwhelmingly we have heard from families who wish to receive information from Grandview via email. We have carefully considered the requests as well as concerns about privacy and security of client information. Grandview has now implemented an email policy which will allow email communication while mitigating the risks involved in transmitting personal health information.

Please carefully review the following risks and conditions related to email communication. If you still wish to communicate via email, date and sign your acceptance at the bottom of this form.

Risks of using Email Communication:

- Please be aware that the Information and Privacy Commission of Ontario does not support the practice of communicating personal health information via unsecured email.
- Email is not encrypted. Security, confidentiality and privacy is not guaranteed.
- Email can be delayed for technical reasons beyond the control of your health care provider.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the health care provider or client.
- Email can introduce viruses into a computer system and potentially damage or disrupt the computer.
- The use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email created or received at your work computer may be accessed and is controlled by your employer

Conditions of using Email

- Email will be copied or summarized for the client file and, as such, may be viewed by those authorized to access the record.
- At any time, you or staff at Grandview Children's Centre can decide to discontinue communication via email.
- Rather than use identifying information in email, we will refer to your child by his or her initials, Grandview chart # and/or birth date.
- Sensitive information and client reports will not be shared by Grandview via unsecured email. Ask us about our secure email system (ACCESS) for sharing of sensitive clinical information.

Acknowledgement and Release to Allow Email Communication

I have read, understand, and accept the above risks and conditions. I recognize that the internet is not secure and that Grandview cannot guarantee the security of any information sent via unsecured email. I will take steps to secure my home computer and the email address that I have provided to Grandview. With this understanding, I agree that the use of email communications for my child is reasonable and also agree that Grandview will not be held responsible for information that may be disclosed to unauthorized persons as a result of our email communications.

Signature of Witness

Client/Parent/Legal Guardian

Date

Relationship to Client