

CONSENT TO USE TELEMEDICINE AND ELECTRONIC COMMUNICATIONS

Telemedicine involves the use of electronic devices to enable two-way communication between patients and healthcare providers at different locations for the purpose of medical care. Technologies used for electronic communications can include videoconferencing, email, websites in addition to telephone and fax.

Transmitted information may include any of the following:

- Live two-way audio and video
- Personal medical information such as personal identifiers and medical records
- Patient materials such as prescriptions and lab requisitions

There are potential risks associated with the use of telemedicine and electronic communications. These risks include, but are not limited to:

- Information transmitted may not be sufficient (e.g. poor image or audio quality) to allow for appropriate medical decision making by care providers.
- Delays in medical evaluation and treatment can occur as a result of technical deficiencies.
- 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. Security protocols can fail, causing a breach of privacy of personal medical information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of care providers or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Communications may be disclosed in accordance with a duty to report or a court order.
- 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.

Electronic systems used will incorporate network and software security protocols to protect the security and confidentiality of information sent and received. However, because of the risks outlined above, the security and confidentiality of electronic communications cannot be guaranteed.

PATIENT ACKNOWLEDGMENT AND AGREEMENT

I understand that telemedicine involves electronic communication of my personal medical information.

I acknowledge that I have read, fully understand and accept the risks outlined above associated with the use of telemedicine and electronic communications.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent.

I understand that there are issues that cannot be adequately addressed through telemedicine.

I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

I agree that any dispute arriving from the telemedicine consult will be resolved in the Province of British Columbia.

I understand that I have the right to withhold or withdraw my consent in the course of my care at any time.

I have read and understand the information provided above regarding telemedicine and electronic communications. I hereby give my informed consent and authorize Ubiquity Health, its personnel and any other person participating in my care to use telemedicine and electronic communications in the course of my medical care. Any questions that I had have been answered to my satisfaction.

Patient Name: _____

Patient Signature: _____

Date: _____

 **Patient initials** _____ **(Page 2 of 2)**