

13.4 Client Email or Text Consent Form

Q'wemtsin Health Society (QHS) is committed to communicating with you about your care in a collaborative way. For privacy and information security reasons our preferred method of communication is in person or over the phone. Sending confidential information by text or email presents privacy and information security risks, which are important for you to understand before you decide to request that we communicate with you in this way.

RISKS OF USING EMAIL OR TEXT

Risks include, but are not limited to, the following:

- The privacy and security of communication by email or text can never be guaranteed.
 Your email account or cell phone could be broken into and your information reviewed by unintended persons. Email and text senders could misdirect an email or text, resulting in it being sent to other unintended persons,
- If you provide a work email address, please note that employers and some online email services have a legal right to inspect and keep emails that pass through their system. Email can also be used as evidence in court,
- Even after the sender and recipient have deleted copies of the email, backup copies may
 exist on a computer or in cyberspace,
- Depending on your cell phone carrier or email provider, information we send to you
 and information you send to us may be stored outside of Canada. For example,
 common email providers such as Yahoo and Google store emails on servers located
 outside of Canada.

CONDITIONS OF USING EMAIL OR TEXT

Your consent to our staff communicating with you by email or text includes agreement with the following conditions:

- QHS cannot guarantee the privacy or security of any communications sent by text or email to you. QHS will not be liable for the improper disclosure of the information contained in the communication,
- There is no guarantee that QHS staff will receive or be able to respond to emails or texts in a timely manner. Do not use email or text for medical emergencies or time sensitive matters,

- Email and text are not substitutes for a clinical examination. Health care advice, counselling, or crisis related support will not be provided by email or text,
- If the content of your email contains clinically relevant information, QHS will include it in your medical record on file with us,
- QHS has the right, upon provision of written notice, to withdraw the option of communicating with you by text or email.

CLIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with having information about me included in email or text communications and consent to the conditions of email and text use contained in this form.

I give QHS staff permission to communicate with me by email or text as set out below (*please fill out only one option*):

The email address to use for me is:	
My cell phone number for receiving text	ts is:
I understand that the date upon which n consent form.	ny consent is effective is the date that I sign this
Client full name (please print)	
	Date of signature
Witness name (to be signed by QHS staff)	
Witness signature	Date of signature