Onewa Doctors
Caring for the community

Electronic Communications Agreement*

Document Number: CLIN 046-1

Electronic communications, including emails, and texts provide an opportunity to communicate with Onewa Doctors relative to issues that are non-emergent, non-urgent or non – critical. However, this must never replace the crucial interpersonal contacts that are the very basis of a patient – doctor relationship. All information on the email or text will be treated where possible with the same degree of privacy and confidentiality as with the written medical records.

Risks:

I consent to the use of email or texting as a means of communication between myself and Onewa Doctors.
I understand that there are known, and unknown risks involved that may affect the privacy of my personal health care information when using email or texting to communicate.
I acknowledge that those risks include, but are not limited, to:

- Emails or texts can be forwarded, printed, and stored in numerous paper and electronic forms and be received by many intended and unintended recipients without my knowledge or agreement.
- Emails or texts may be sent to the wrong address by any sender or receiver and is not guaranteed.
- Copies of emails or texts may exist even after the sender or the recipient has deleted his or her copy.
- Email and text service providers have a right to archive and inspect emails sent through their systems.
- Emails and texts can be intercepted, altered, forwarded, or used without detection or authorization.
- Emails and texts can spread computer viruses.
- Electronic communication has security limitations.

Communication Guidelines:

- Emails or texts should not be used for any medical emergencies or sending time sensitive information.
- It is my responsibility to follow-up with Onewa Doctors if I haven't received a response to my email or text within 72 hours.
- Emails or texts are not checked by Onewa Doctors over the weekends, public holidays and Christmas holiday closures.
- I agree that the content of my email or text messages should be brief and clear. Indicate the subject of the message in the subject line and clear patient identification including patient name and contact information must be in the body of the message.
- I agree that it is my responsibility to inform Onewa Doctors of any changes to my email address or mobile number. I acknowledge that confidentiality may be compromised if my details are not updated.
- If I choose to use a shared email address, Onewa Doctors is not liable for any breach in confidentiality.
- I agree that, I can withdraw this consent to use electronic communication if I wish to, but it is my responsibility to inform Onewa Doctors of my decision by written notification.
- I understand that my email messages or texts may be included in my medical records.
- All emails from Onewa Doctors will have this email disclaimer:

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Patient Name: _____ Date of Birth: _____

Patient Email Address: _____ (☐ shared or ☐ not shared)

Patient Mobile Number: _____ (☐ shared or ☐ not shared)

☐	I have read the above risks and guidelines associated with the use of electronic communication.
☐	I confirm that the Email address and Mobile number above can be utilized to send me confidential medical information and any updates from Onewa Doctors.
☐	I **CONSENT** for Onewa Doctors to use electronic communication, as a means of correspondence between myself and Onewa Road Doctors.

☐	I **DO NOT CONSENT** for Onewa Doctors to use electronic communication, as a means of correspondence between myself and Onewa Doctors. **Please note, not consenting means, you will be responsible for following up with us regarding any reports or results.**

Patient Signature: _____ Date: _____

If signed by a person other than patient (under 16 years or power of attorney), please print your name, relationship to the patient and description of authority:

Authority Name: _____ Date: _____

Relationship to Patient: _____ Description of Authority: _____