



Glazier Medical Centre uses many methods to communicate with our patients. We use phone, email, text and virtual care technology, including video visits, audio calls, and secure messaging. The information exchanged with these tools may be confidential and personal in nature.

We are very careful on our end to keep the information confidential. Just like online shopping, email and virtual care has some inherent privacy and security risks that your health information may be intercepted or unintentionally disclosed.

If you choose to communicate with the clinic using email, you should be aware that email messages you send to or receive from the clinic:

- May not be secure. The clinic cannot guarantee the security of any email message transmitted outside of our email system
- May exist as an electronic or paper record within the clinic indefinitely.

For these reasons, if you use email to communicate any information, including personal health information, to the clinic, or to receive any information, you are hereby accepting the **inherent risk of this information being compromised**.

In order to improve privacy and confidentiality, you should also take steps before participating in a virtual care visit to ensure you are within a private setting. You should not use an employer's or someone else's computer/device as they may be able to access your information. If it is determined that you require a physical exam, you may still need to be assessed in person. You should also understand that virtual care is not a substitute for attending the emergency department if urgent care is needed.

What we will be able to do if you consent:

- **Remind you of your upcoming appointment**
- **Let you know if your appointment has been changed**
- **Send you a message (e.g. test results, completed form, appointment with a specialist)**
- **Communicate with you, including video visits, audio calls, and secure messaging**

Consenting using this form provides the clinic with your permission to communicate with you via email, text and/or virtual visits. This consent can be withdrawn at any time by contacting the clinic by phone or in person.

If I am signing on behalf of my minor child, I understand that when he/she turns 14 this consent will be void and the child will have the option of signing his/her own consent for ongoing email communication with the clinic.

THE CLINIC CANNOT GUARANTEE THAT YOUR ELECTRONIC COMMUNICATION WILL BE RECEIVED, READ OR RESPONDED TO WITHIN ANY PARTICULAR PERIOD OF TIME. YOU MUST NOT COMMUNICATE WITH THE CLINIC VIA EMAIL OR TEXT FOR MEDICAL EMERGENCIES OR OTHER TIME-SENSITIVE MATTERS.

Consent for Patients Over Age 14

I confirm that I have read and agree to these terms and I wish to communicate with the clinic via email or text and participate in virtual visits for the purposes of my healthcare.

Signed _____

Dated _____