CONSENT FOR ELECTRONIC MAIL CORRESPONDENCE: INFORMATION AND INSTRUCTION FOR CLIENTS

The Student Wellness Centre is pleased to communicate with you through electronic-mail (e-mail) at your request. However, you should know that e-mail messages are not a secure method of communication, and therefore McMaster University cannot guarantee the security of messages that you send to or receive from me or other regulated health professionals. For this reason, e-mail should not be used to communicate personal health information. You also need to be aware of the fact that all e-mail communication will be retained as part of your health record and becomes the property of McMaster University.

Please be aware that the Information and Privacy Commissioner (IPC), Ontario does not support the practice of communicating personal health information via e-mail.

By giving this authorisation, I demonstrate an understanding of the following issues related to the use of e-mail:

- I understand that e-mail is not appropriate for communication about all health issues, particularly those of an urgent nature and healthcare providers can make no guarantee of response within a certain time frame.
- I understand that e-mail is not encrypted and therefore not as confidential as mail or telephone communication.
- I understand that it is possible for a third party to intercept or read e-mail without the knowledge of either the sender or recipient of the mail. Because of the ease and informality with which electronic mail can be used and because e-mail may be easily forwarded to multiple addresses, the potential loss of confidentiality associated with its use may be of greater consequence than that suffered with written or telephone communication.
- Since McMaster University does not operate or control any service on the internet, I understand that McMaster University cannot and does not guarantee that use of this means of communication will be free from technological difficulties, including, but not limited to, loss of messages.
- I understand that information communicated by means of e-mail will be incorporated and retained within my medical record. As a result, that information, including my e-mail address, may be disseminated as part of an authorized release of a copy of my medical record.

My signature below denotes that I accept the risk of loss of privacy or confidential health information associated with communication by e-mail and nonetheless agree to its use. I also agree that my regulated healthcare professional and/or McMaster University shall not be liable for any type of damage or liability arising from or associated with loss of confidentiality due to communication by e-mail.

This authorization is valid until I notify you in writing that I no longer consent to the use of e-mail to communicate information concerning my health care. McMaster University also retains the right to terminate e-mail as a means of communication at any time if, in the healthcare provider’s judgement, it becomes appropriate to do so.

I, _______________________________ (name), whose e-mail address is _______________________________ confirm that I am aware of the above information, and authorize the Student Wellness Centre staff members/designates involved in my care to communicate my personal health information via this e-mail address.

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<thead>
<tr>
<th>Signature</th>
<th>Student number</th>
<th>Date</th>
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