

CONSENT TO USE ELECTRONIC COMMUNICATIONS

This template is intended as a *basis for an informed discussion*. If used, physicians should adapt it to meet the particular circumstances in which electronic communications are expected to be used with a patient. Consideration of jurisdictional legislation and regulation is strongly encouraged.

PHYSICIAN INFORMATION:

Name:
Address:
Email (if applicable):
Phone (as required for Service(s)):
Website (if applicable):

The Physician has offered to communicate using the following means of electronic communication ("the Services") [check all that apply]:

<input type="checkbox"/> Email	<input type="checkbox"/> Videoconferencing (including Skype®, FaceTime®)
<input type="checkbox"/> Text messaging (including instant messaging)	<input type="checkbox"/> Website/Portal
<input type="checkbox"/> Social media (specify):	
<input type="checkbox"/> Other (specify):	

PATIENT ACKNOWLEDGMENT AND AGREEMENT:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communications with the Physician and the Physician's staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the Physician may impose on communications with patients using the Services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Physician or the Physician's staff using the Services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physician's staff using these Services with a full understanding of the risk.

I acknowledge that either I or the Physician may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

Patient name: _____

Patient address: _____

Patient home phone: _____

Patient mobile phone: _____

Patient email (if applicable): _____

Other account information required to communicate via the Services (if applicable): _____

Patient signature: _____	Date: _____
Witness signature: _____	Date: _____

APPENDIX

Risks of using electronic communication

The Physician will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). However, because of the risks outlined below, the Physician cannot guarantee the security and confidentiality of electronic communications:

- 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.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

If the email or text is used as an e-communication tool, the following are additional risks:

- 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.

Conditions of using the Services

- While the Physician will attempt to review and respond in a timely fashion to your electronic communication, **the Physician cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters.**

- If your electronic communication requires or invites a response from the Physician and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Physician's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Physician may forward electronic communications to staff and those involved in the delivery and administration of your care. The Physician might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You and the Physician will not use the Services to communicate sensitive medical information about matters specified below [check all that apply]:
 - Sexually transmitted disease
 - AIDS/HIV
 - Mental health
 - Developmental disability
 - Substance abuse
 - Other (specify):
- You agree to inform the Physician of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying the Physician in writing.
- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- The Physician is not responsible for information loss due to technical failures associated with your software or internet service provider.

Patient initials

APPENDIX CONTINUED

Instructions for communication using the Services

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform the Physician of any changes in the patient's email address, mobile phone number, or other account information necessary to communicate via the Services.

If the Services include email, instant messaging and/or text messaging, the following applies:

- Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your full name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to the physician.

- Ensure the Physician is aware when you receive an electronic communication from the Physician, such as by a reply message or allowing "read receipts" to be sent.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the Physician.
- **If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services.** Rather, you should call the Physician's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.
- Other conditions of use in addition to those set out above: *(patient to initial)*

have reviewed and understand all of the risks, conditions, and instructions described in this Appendix.

Patient signature _____

Date _____

Patient initials _____



3. ACKNOWLEDGEMENT, CONSENT, AND SIGNATURE

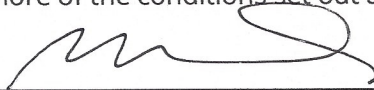
A. By signing below, I acknowledge that:

- a) Claims for virtual care services should only be submitted for eligible services rendered on or after the date this registration form is completed and signed. Claims will only be processed for physicians and dentists whose OHIP registration is complete and remains in force.
- b) Only claims for virtual care services rendered using an approved OTN video solution are to be submitted for processing through OHIP.
- c) Only claims submitted within six months of the service date will be processed through OHIP.
- d) Claims for a virtual care service eligible for funding under any other Ministry program or initiative are not be submitted for payment by the Ontario Virtual Care Program.
- e) Virtual care services verification letters will be randomly sent to patients for whom I have claimed a virtual care service.
- f) The Ministry may terminate this virtual claims submission and payment option at any time for an reason, upon providing me with not less than 10 business days' notice.

B. By signing below, I consent:

- a) to the disclosure of my virtual care claims payment information to the group administrator and/or members of the group, where the virtual care claims have been submitted to OHIP with a group Billing Number;
- b) to provide medical records relating to virtual care services to the Ministry of Health to substantiate my virtual care claims, if and when requested to do so by the Ministry;
- c) to the disclosure of my virtual care claims payment related information within the Ministry of Health, and to OTN, the Workplace Safety Insurance Board, and the health insurance plans of other provinces and territories as applicable for the purposes of audit, funding, funding transfer and health planning; and
- d) to the recovery (i.e. deduction or set-off) by the Ministry of Health from any Ministry payments otherwise payable to me of any virtual care service payment processed through OHIP if the Ministry is of the opinion that:
 - i. an overpayment of a virtual care service claim has occurred due to a billing error made, or a payment error has been made by OHIP;
 - ii. a claim was submitted and paid for a virtual care service that was not rendered or the nature or circumstances of the service were misrepresented, whether intentionally or inadvertently;
 - iii. a claim was submitted and paid for a virtual care service that was not medically necessary; or
 - iv. the claim was not submitted in accordance with one or more of the conditions set out above.

OTN acknowledges that the information contained herein is of a confidential nature and will use appropriate physical, technical, and administrative means to protect this information. OTN will only release this information when required to do so by the Ministry of Health or under the circumstance that OTN would be required to do so by law.



Signature
Marilena Biscotti

Print Name
May 3, 2020

Date

Upon completion, please email this form to serviceactivation@otn.ca or fax to 416-354-8280