

## **Brockton & Area FHT Patient Consent and Release for Email Communication**

The Brockton & Area Family Health Team (BAFHT) supports the use of email for the purpose of communicating with our patients regarding their care. A care provider may agree to communicate with you using email but is not required to do so.

If you choose to use email at the BAFHT, signing this consent form provides the BAFHT with your permission to communicate with you via email and is required before we send you an email communication for the first time. It is your responsibility to advise the BAFHT in writing if your email address changes. This consent can be withdrawn at any time by contacting the BAFHT by phone or in person.

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

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

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

The BAFHT can not guarantee that your email will be received, read or responded to within any particular period of time. You must not communicate with the BAFHT via email for Medical Emergencies or other time-sensitive matters.

SIGNATURE OF PATIENT/SUBSTITUE DECISION-MAKER		
PRINT NAME:	DATE:	
Email Address:		