

CONSENT FORM FOR EMAIL COMMUNICATION

CONDITIONS OF EMAIL USAGE

Please review the following information regarding email communication with me, Dr. Krysten DeSouza ND, your health professional:

1. The privacy and security of email cannot be guaranteed, therefore it can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission. E-mail senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
2. As such, Dr. Krysten DeSouza, ND will not be held liable for improper disclosure of confidential information that is not the direct result of intentional misconduct.

Consent to the use of email includes agreement with the following conditions:

1. Patient email communication will become a part of your medical record.
2. Emailing independent third parties will not be done without your prior written consent.
3. I will endeavour to read and respond promptly to patient emails, however I cannot guarantee that any particular email will be read and responded to within any particular period of time. **Thus, email should not be used to request urgent appointments or urgent treatments.**
4. If you have not received a response from an email within a reasonable period of time, it is your responsibility to follow up by calling 905-607-3405.
5. I would recommend not using email for communication regarding sensitive medical information, instead, please call 905-607-3405 to book an appointment.
6. Dr. Krysten DeSouza, ND is not responsible for information loss due to technical failures.

Patient Informed Consent

I acknowledge that I have read and fully understand this consent form. I understand that the risks associated with the communication of email between Dr. Krysten DeSouza ND and myself, and consent to the conditions outlined herein, as well as any other instructions that she may impose to communicate with me by email. I acknowledge Dr. Krysten DeSouza ND right, upon the provision of written notice to withdraw the option of communicating through email.

_____ Patient Name (Printed)

_____ Signature

_____ Date