



Client’s E-Mail Address/Text Number: \_\_\_\_\_

I, \_\_\_\_\_,

(Print your name and relationship if you are a Parent / Guardian or Substitute Decision Maker)

for \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Self or Name of Person)

(dd/mm/yyyy)

have discussed communicating with (Service Area) Allied Health via e-mail/text.

**I acknowledge and agree that:**

- E-mail/text is not a secure or confidential form of communication. As the message leaves the South East Grey Community Health Centre (SEGCHC), it is sent across the Internet/cell phone service network, where it could be intercepted and read. For this reason, SEGCHC cannot guarantee the security of messages that are sent to and by me.
- My care provider will not use e-mail/text to communicate sensitive personal or health information.
- Clinical decisions about treatment or care may be made on the basis of health information shared in an e-mail/text messages by me.
- A printout of any e-mail communication related to treatment or care will be stored in my/the client's health record. Text messages will be documented in my/the client’s health record.
- Either party may stop communication via e-mail at any time if the conditions in this agreement are not adhered to.
- Notice may be given in any manner and followed up in writing to the client/SEGCHC or health care provider as applicable, if this form of communication is to stop.

**Specific issues that will not be discussed via e-mail include:**

- E-Mail/text will not be used to communicate emergency or urgent health matters, as I understand
  - E-mail/text messages can be delayed due to technology and availability of the health practitioner and
  - My condition or the emergency situation cannot be adequately assessed via e-mail/text

**E-Mail may be used for:**

- Other reasons as agreed upon by myself and my health care provider (i.e. self-management goals related to smoking cessation and/or nutrition and weight-management), please list

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**Program Registration and Sign ups**

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