



Email consent form

Client Name		For the purposes of this consent form, "clinician" refers to the individual assigned to the client for rehabilitation services through Lisa's Holistic Rehab.
Address (with postal code)		
Phone number		
Email		

Risks of using E-mail

Lisa's Holistic Rehab – Occupational Therapy & Neurofeedback Inc. offers clients the ability to email clinicians on a limited basis. There are risks to using email. These risks include:

- E-mail can be circulated, sent to others, stored on a computer or printed.
- It is easy to send an email to the wrong person.
- Copies of e-mail may exist even after the sender or receiver has deleted his/her copy.
- E-mail transmission is not secure and can be stolen, emailed to others and viewed without warning.
- E-mail can be used to introduce viruses into computer systems.
- E-mail can be used as evidence in court.

Conditions for the use of E-mail

Lisa's Holistic Rehab and its clinicians will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, due to the risks outlined above, we cannot guarantee the security and confidentiality of e-mail communication between clinician and client, and will not be liable for improper disclosure of confidential information that is caused by the use of email for client communication.

Consent to the use of e-mail includes agreement with the following conditions:

- All e-mails must not be used to communicate confidential information. E-mails will be used to coordinate meeting times for treatment or to answer general questions. The client's name will be replaced by his or her initials when used in communication.
- While the clinician will attempt to review and respond in a timely fashion to your electronic communication, the clinician cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. Emails will not be used for medical emergencies or other time-sensitive matters.
- If your electronic communication requires or invites a response from the clinician 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.

397 Bedford Hwy, Suite 310, Halifax
 Ph: 902-580-7342 F: 902-435-3038

lisasholisticrehab@gmail.com www.lisasholisticrehab.com

- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations.
- With your written consent, the clinician may forward electronic communications to staff and those involved in the delivery and administration of your care or to third parties, except as authorized or required by law.

CLIENT ACKNOWLEDGMENT AND AGREEMENT:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, of the electronic communication. I understand and accept the risks outlined with the use of electronic communications with the clinician and/or staff. I consent to these conditions and will follow the instructions outlined.

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 clinician and/or staff may not be encrypted. Despite this, I agree to communicate with the clinician or staff with a full understanding of the risk.

Client Signature

Date

OT Name

OT Signature

Confidential