

# Saskatoon Nephrology Group

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## PHYSICIAN / CLINIC INFORMATION:

\*PLACE PATIENT DEMO LABEL HERE\*

Clinic Name: Saskatoon Nephrology Group

For follow-up appointments, please check how you would like to be notified.

\_\_\_ Email (provide email address): \_\_\_\_\_

\_\_\_ Text (provide phone number): \_\_\_\_\_

\_\_\_ Phone Call (provide phone number): \_\_\_\_\_

## RISK OF USING EMAIL/TEXT

Saskatoon Nephrology Group offers patients the opportunity to communicate by email/text. Transmitting patient information poses several risks of which the patient should be aware. The patient should not agree to communicate with the medical practice via email/text without understanding and accepting these risks. The risks include, but are not limited to, the following:

- The privacy and security of email/text communication cannot be guaranteed.
- Email/text is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender or to ensure that only the recipient can read the email once it has been sent.
- Emails/texts can introduce viruses into a computer system and potentially damage or disrupt the computer.
- Email/text sender can easily misaddress an email resulting in it being sent to many unintended and unknown recipients.
- Use of email/text to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email/text can be used as evidence in court.

## CONDITIONS OF USING EMAIL/TEXT

Saskatoon Nephrology Group will use reasonable means to protect the security and confidentiality of email/text information sent and reviewed. However, because of the risks outlined above, the medical practice cannot guarantee the security and confidentiality of email/text communication and will not be liable for improper disclosure of confidential information. Thus, patients must consent to the use of email/text for patient information. Consent to use of email/text includes agreement with the following conditions:

- It may be necessary for office staff or physicians filling in for your physician to access all email from patients in the course of their duties. Be assured that they will respect your privacy and will keep your personal information confidential.
- Saskatoon Nephrology Group is not responsible for information loss due to technical failures.
- The patient should not use email/text for medical emergencies or other time-sensitive matters.
- The patient should not use email/text for communication regarding sensitive medical information such as AIDS/HIV, mental health, developmental disability or substance abuse. Similarly, the medical practice will not discuss such matters over emails/texts.
- The patient is responsible for informing the physician of any type of information the patient does not want to be

sent by email/text in addition to those set out in the bullets above. Such information that the patient does not want communicated over emails/texts includes:

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The patient can add to or modify this list at any time by notifying the physician in writing.

## **PATIENT ACKNOWLEDGEMENT AND AGREEMENT**

I acknowledge that I have read and fully understand this consent form. I understand the risk associated with the communication of emails/texts between Saskatoon Nephrology Group and me, and I consent to the conditions outlined herein as well as any other instructions that the medical practice may impose to communicate with patients by email/text. I acknowledge the physicians' right to, upon the provision of written notice; withdraw the option of communicating through email/text. Any questions I may have had were answered.

**PATIENT NAME (Please Print):** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_