

Physician-Patient E-Mail And Website Communications

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Transmitting patient information poses several risks of which the patient should be aware. The patient should not agree to communicate with the physician via e-mail without understanding and accepting these risks. The risks include, but are not limited to, the following:

The privacy and security of e-mail communication cannot be guaranteed.

Employers and online services may have a legal right to inspect and keep e-mails that pass through their system.

E-mail 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 e-mail once it has been sent.

E-mails can introduce viruses into a computer system, and potentially damage or disrupt the computer.

E-mail can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the physician or the patient. E-mail senders can easily mis-address an e-mail, resulting in it being sent to many unintended and unknown recipients.

E-mail is indelible. Even after the sender and recipient have deleted their copies of the e-mail, back-up copies may exist on a computer or in cyberspace.

Use of e-mail to discuss sensitive information can increase the risk of such information being disclosed to third parties.

E-mail can be used as evidence in court.

The physician uses encryption software as a security mechanism for e-mail communications.

The patient:

Agrees to and will comply with the use of encryption software.

Waives the encryption requirement, with the full understanding of the risk of violation of patient privacy.

E-mail communication is not an appropriate substitute for clinical examinations. The patient is responsible for following up on the physician's e-mail and for scheduling appointments, where warranted.

The patient's e-mail will not lead to or require a response from the physician. The patient must book an appropriate follow-up to determine whether the intended recipient received the e-mail. Dr. Curnew does not have the infrastructure to respond to personal health concerns by e-mail.

The patient should not use e-mail for communication regarding sensitive medical information.

The patient is responsible for informing the physician of any types of information the patient does not want to be sent by e-mail, in addition to those set out above. For information that you, the patient, do not want communicated over e-mail, please notify Dr. Curnew in writing.

Please click on the link for the electronic communication form at the bottom of the page to mail to Dr. Curnew.

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

The physician is not responsible for information loss due to technical failures).

Instructions for communication by e-mail

To communicate by e-mail, the patient shall:

- Limit or avoid use of an employer's computer.
- Inform the physician of any changes in e-mail address.
- Include in the e-mail the category of the communication in the e-mail's subject line, for routing purposes (e.g., 'prescription renewal'); and the name of the patient in the body of the e-mail.
- Review the e-mail to make sure it is clear and that all relevant information is provided before sending to the physician.
- Take precautions to preserve the confidentiality of e-mails, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by written communication to the physician.

Should the patient require immediate assistance, or if the patient's condition appears serious or rapidly worsens, the patient should not rely on e-mail. Rather, the patient should call the physician's office for consultation or an appointment, visit the physician's office or take other measures, as appropriate.

Conditions of using e-mail

The physician cannot guarantee the security and confidentiality of e-mail communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the physician. Thus, patients must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- E-mails to or from the patient concerning diagnosis or treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel will have access to those e-mails.
- The physician may forward e-mails internally to the physician's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling. The physician will not, however, forward e-mails to independent third parties without the patient's prior written consent, except as authorized or required by law.

The physician cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Again, the patient should not use e-mail for medical emergencies or other time-sensitive matters. Only information reviewed in person with Dr. Curnew will be acted upon. Remember, information on the website is to enable you to take control and better manage your risk factors.

Patient acknowledgment and agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail between the physician and myself, and consent to the conditions outlined herein, as well as any other instructions that the physician may impose to communicate with patients by e-mail. I acknowledge the physician's right to, upon the provision of written notice, withdraw the option of communicating through e-mail. Any questions I may have had were answered.

Patient name	Patient e-mail
<hr/>	
Patient address	
<hr/>	
Patient signature	Date
<hr/>	
Witness signature	Date
<hr/>	

Link to Electronic Communication Form

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Electronic Communication Form

This form is for patients to notify Dr. Curnew of any information which they would like withheld from electronic communication via e-mail or the Healthcorner website, such as personal health problems or recent test results. As a general guideline, the patient should not use e-mail for communication regarding sensitive medical information. Please indicate any information that you would like to withhold from being transmitted below:

If you would like any test results withheld, please indicate below:

Laboratory results, such as Lipid Results and Blood Sugar
Blood Pressure

Over time, we are trying to develop a complete health record, with more results hopefully being available. This form will be updated over time to correspond with these changes, so remember to return to this form to avoid any problems in the future.

Patient name:

Patient e-mail:

Patient address:

Patient signature:

Date:

Witness signature:

Date:

Please mail this form to:

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