

Patient Information

Last Name: _____

First Name: _____

Care card _____ Birth date _____

Address: _____

City _____ Postal Code _____

Home Phone _____ Cell phone _____

Family Doctor _____

Pharmacy name and phone number _____

We would like to offer you an alternative way to communicate with the office. We please ask that you provide us your email address. This will allow Dr. Shu and Dr. Barts to contact you directly about lab results, medicine and insulin adjustments if needed. Our Medical Office Assistant will be able to contact you about appointment reminders and can help you change or cancel any appointments.

Thanks

Email Address _____

Signature _____

By signing this form you are giving permission to Dr. David Shu, Dr. Agnieszka Barts and their office staff to contact you by email.

Risks of using email

The Physician offers patients the opportunity to communicate by email. Transmitting patient information poses several risks of which the patient should be aware.

The patient should not agree to communicate with the physician via email without understanding and accepting these risks. The risks include, but are not limited to, the following:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep emails that pass through their system.
- Email 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 can introduce the viruses into a computer system, and potentially damage or disrupt the computer.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the Physician or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
- Email is indefinable. Even after the sender and recipient have deleted their copies of the email, backup copies may exist on a computer or in cyberspace.
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email can be used as evidence in court.

The physician will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the Physician cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the Physician.

By signing this you consent to its use. Should you decide to discontinue email communication you should notify the physician's office either by phone, fax or email.



Ministry of Health

MEDICAL PRACTICE ACCESS TO PHARMANET AGREEMENT

PHARMANET Patient Consent to Access PharmaNet

The Province of British Columbia has established the provincial pharmacy network and database known as "PharmaNet" pursuant to section 37 of the Pharmacists, Pharmacy Operations and Drug Scheduling Act, R.S.B.C. 1996, c. 363, and which may be continued pursuant to section 13 of the Pharmacy Operations and Drugs Schedule Act, S.B.C., 2003, c. 77 should it be proclaimed in force during the term of this Agreement.

I, _____, authorize Dr. David Shu
Name of Patient (print) Name of Physician (print)

and persons directly supervised by him/her to access my personal health information contained within PharmaNet for the purpose of providing therapeutic treatment or care to me, or for the purpose of monitoring drug use by me.

I understand that withdrawal of this consent must be in writing and delivered to the above-named physician.

Executed at New Westminster _____, this _____ day of __, 20_____.

SIGNED AND DELIVERED by
Patient (print)
in the presence of:
Witness (signature)
Witness (print)
(Dated)

Patient (signature)