

Please Email Completed Form to [imedical@bigelowfowler.com](mailto:imedical@bigelowfowler.com)

# BIGELOW FOWLER CLINIC

## *Consent to use Electronic Communications*

The Physician has offered to communicate using the following means of electronic communication (please circle yes or no below). The Physician will use reasonable means to protect the security and confidentiality of information sent and received using these services. However, because of the risks outlined below, the Physician cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

Email	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Video Conferencing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Text Messaging	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Website/Portal	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## *Patient Acknowledgement and Agreement*

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication services. I understand and accept the risks outlined in this consent form with the usage of electronic communications. I consent to the conditions and will follow the instructions outlined in this agreement, as well as any other conditions that the Physician may impose on communications with patients using the Services.

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 Physician or the Physician's staff using the Services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physician's staff using these Services with a full understanding of the risk.

I acknowledge that either I or the Physician may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

Name:	Date:
Email:	

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# PATIENT REGISTRATION FORM

*Bigelow Fowler Clinics*

LAST NAME:		FIRST NAME:	
PHN/ULI:		IME#:	
DOB:		GENDER:	
ADDRESS:			
CITY:		POSTAL CODE:	
PROV:		PHONE:	
EMAIL:			

***What is the reason for your Doctor's Visit?***

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### **Conditions of using the Services**

- While the Physician will attempt to review and respond in a timely fashion to your electronic communication, the Physician cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters.
- If your electronic communication requires or invites a response from the Physician 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.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Physician's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Physician may forward electronic communications to staff and those involved in the delivery and administration of your care. The Physician might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You agree to inform the Physician of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying the Physician in writing.
- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- The Physician is not responsible for information loss due to technical failures associated with your software or internet service provider.