

## Patient Consent to use Electronic Communication

### PATIENT INFORMATION:

Name: \_\_\_\_\_

HSN: \_\_\_\_\_

Patient ID Label

With your permission, the Saskatchewan Cancer Agency (SCA) may communicate with you by way of electronic communication, such as by email, text, or through virtual appointments. Electronic communication is likely to contain personal health information or personal information about you. To protect your confidentiality, any email address or mobile phone which you provide should be one that only you, or your trusted contacts, have access to. If you choose to provide an email address or mobile number that others can access, then any information that may be sent by the SCA may be accessed by those who can access the electronic communication.

While electronic communication is a convenient method of communication, there are inherent risks with the confidentiality of electronic communication:

- It can be sent to an incorrect address/number. The SCA will take all reasonable precautions to prevent this from occurring.
- Email sent from the SCA is not encrypted and could be taken and read by third parties and hackers.
- You may have access set up on many mobile devices (computer, tablet, smartphone, etc.) and information sent by SCA could be accessed by anyone who may have access to those devices. Communications accessed by another can be forwarded without your knowledge.
- It is possible that electronic communication can put you at risk of a virus compromising your computer system.

If you choose to not authorize electronic communication, communication will be by mail or by phone, except in the case of emergency or where a delayed form of communication may affect your ability to meet preparation requirements for an upcoming appointment. In such a circumstance, the SCA will communicate with you in the most efficient and effective way possible based upon the information that you have provided.

If you choose to provide your consent to permit electronic communication between you and the SCA, your contact information will be maintained in confidence by the SCA and will only be used or disclosed by the SCA:

- To communicate with you about any program or service which the SCA provides or arranges for you which may include:
  - specific cancer care services
  - supportive services relating to cancer care
  - cancer prevention and screening programs
  - research on cancer related issues
- To conduct virtual appointments with your SCA provider
- To respond to an electronic communication
- For any purpose which may be specifically authorized by law

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### PATIENT ACKNOWLEDGMENT AND AGREEMENT:

- ❖ I acknowledge that I have read the consent above and understand the benefits, risks and limitations of electronic communication.
- ❖ I consent to the use of electronic communication with the SCA for the purposes outlined in this form.
- ❖ I understand that, based on provider assessment if my condition changes, I may need to be seen in person.
- ❖ I understand virtual visits may be done with my own device or at Telehealth locations throughout the province.
- ❖ I understand that I may withdraw my consent at any time by contacting the SCA and amending this form.
- ❖ I understand this information will remain on my chart indefinitely and it is my responsibility to inform the SCA if there is a change in my email address or phone number.

**Please complete for the form(s) of electronic communication you are consenting to:**

Email Address \_\_\_\_\_

\*Email address may be updated by providing this information to a member of your care team

Mobile Phone (for the purpose of texting) \_\_\_\_\_

\*Phone numbers may be updated by providing this information to a member of your care team

**\*\*If you have previously provided a different email address or mobile phone number on your SCA records, please note that the information provided above will replace any previously provided information.**

Patient/Caregiver Signature:	Date (MM/DD/YYYY):
Caregiver Printed Name (if patient unable to sign)	
SCA Staff Signature:	Date (MM/DD/YYYY):
SCA Staff Print Name:	

Consent

Verbal

In-Person Consent

Consent submitted electronically