

## **PATIENT CONSENT TO ELECTRONIC COMMUNICATIONS WITH PACE CARDIOLOGY:**

### **INTRODUCTION**

As a patient, or as a substitute decision-maker for a patient, you may be asked to consent to electronic communications with PACE Cardiology. If you give this consent, PACE Cardiology will then be able to communicate messages with you that may contain your personal health information (e.g., a detailed reminder of an upcoming appointment) by electronic means (e.g. email or voicemail).

Our experience at PACE Cardiology shows that communicating messages in this way can be very beneficial for both patients and their health care providers: important messages may be quickly and accurately communicated, and both patients and their health care providers may experience a level of convenience and efficiency in their communications that is hard to achieve in any other way.

However, before you consent to electronic communications, you should know that there are privacy and security risks with such communications, and that PACE Cardiology requires you to follow some rules regarding such communications. These risks and rules are detailed on the next page, and your agreement to them is signified either when you sign and submit that page to PACE Cardiology, or when you agree to a form (e.g., a referral form) with a check mark on a sentence such as the following:

Patient consents to electronic communication of personal health information using email address and/or phone number provided, as explained at [www.pace-cardiology.com](http://www.pace-cardiology.com).

You may withhold or withdraw your consent at any time, and if you do, PACE Cardiology will continue to uphold its standard of care for you. If you decide to withdraw consent, you need to follow the procedure included on the next page.

## PATIENT CONSENT TO ELECTRONIC COMMUNICATIONS WITH PACE CARDIOLOGY

“Electronic communications” as used here includes email, text messages, video calls and voice messages. Using such communications can have several benefits for patients: for example, appointment reminders and other important messages may be quickly and accurately communicated. Electronic communications can offer both patients and their healthcare providers a level of convenience and efficiency that is hard to achieve any other way.

PACE Cardiology uses all reasonable means to protect the privacy and security of electronic communications with you, and to date has had no reports of breaches of privacy or security involving electronic communications. However, PACE cannot **guarantee** the protection of such communications, because they may involve risks beyond PACE’s control. You may withhold or withdraw your consent to participate in electronic communications with PACE at any time, and if you do, PACE will continue to uphold its standard of care for you.

This form documents your acceptance of the risks and rules that apply to communicating electronically with PACE.

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I consent to communicate electronically with PACE, and in doing so, I understand and accept that there are risks associated with electronic communications, including these:

- a) The privacy and security of the communications cannot be guaranteed;
- b) Employers and online services may have a legal right to inspect and retain copies of information that passes through their systems;
- c) Copies of the information may continue to exist, even after efforts to delete them have been made;
- d) Someone may impersonate me, and PACE may not detect that impersonation;
- e) I may receive communications that appears to be from PACE, but are not;
- f) Communications may be accidentally sent to an unintended recipient, or to many such recipients;
- g) Information may be disclosed to third parties or the public, regardless of my intentions or those of PACE, or it may be altered or destroyed in transit without my knowledge or the knowledge of anyone at PACE; and
- h) The communications may become infected by computer viruses that may damage or destroy messages, computer data and/or software, or that may disclose information against my wishes.

I understand and agree that if PACE engages in electronic communications with me:

1. PACE or any of its staff may decide to stop doing so, at any time, for their own reasons.
2. PACE may require that I follow rules for the use of electronic communications that it may set or amend at any time.
3. **I must not depend on electronic communications with PACE for medical emergencies or other time-sensitive matters. If immediate attention is needed or I am aware of a condition that appears serious or appears to be worsening rapidly, I must not rely on electronic communications with PACE. Instead, I should take other steps as appropriate, which may include seeking emergency services.**
4. PACE may use or disclose the information communicated to people other than the intended recipient, for a variety of legitimate purposes—for example, for the purpose of ensuring my health records are properly updated.
5. Neither PACE nor its staff will be held liable for any harm that may arise from risks associated with electronic communications.
6. If I wish to withdraw my consent to electronic communications, or to change my electronic address(es), I may do so at any time, but I must do so in writing and ensure that [privacy@pace-cardiology.com](mailto:privacy@pace-cardiology.com) and each of my PACE correspondents receive a copy of my notice, and I must allow 3 business days for any notice to take effect.
7. PACE cannot guarantee that it will be available to communicate electronically, or available to respond to electronic communications, at any particular time or within any specific time period. If I feel that there is an undue delay in PACE’s response to my communications, it is my responsibility to follow up.
8. PACE’s copy of every electronic communication it sends or receives is PACE’s property.

Please  
Print

I consent that PACE may use the following electronic address(es) to communicate with me:

\_\_\_\_\_

Patient’s Name: \_\_\_\_\_ Patient’s Birthdate: \_\_\_\_\_

Substitute Decision-Maker’s name (if applicable): \_\_\_\_\_

Signature of Patient (or Substitute Decision-Maker): \_\_\_\_\_ Date: \_\_\_\_\_