



**Équipe de santé familiale
Clarence-Rockland
Family Health Team**

Patient Consent for Communicating Electronically

In partnership with a company called "Pomelo Health" we have established a secure and private area on the Internet called a "*portal*" which will allow you to communicate electronically with the clinic. There is no charge for using the portal and we believe you will find it much more convenient than the telephone.

What you will be able to do:

- book or change appointments on-line for you and/or your dependents
- send us a message with attachments (e.g. document, picture)

What we will be able to do:

- remind you of your upcoming appointment
- let you know if your appointment has been changed
- send you a message (e.g. test results, completed form, appointment with a specialist)

A few more things:

- 1) **IMPORTANT:** when you sign up for the Portal, we will **ONLY** communicate with you by email, except for emergencies
- 2) we recommend that everybody 16 years of age or older have a unique email address
- 3) our goal is to respond within **7 days Monday to Friday** so if it is urgent, please call the clinic or 911
- 4) you can ask us to remove you from the portal at any time
- 5) if we move to a different portal in the future, your consent is still valid
- 6) we reserve the right to remove you from the portal if you use it inappropriately.

**** In a few days you will receive an email asking you to register on the portal. If you do not receive this email, please check your junk email folder. If it is not there either, please call the clinic. ****

Patient acknowledgement and agreement

I acknowledge that I have read and fully understand this document.

Email address: _____

Name: _____ (please print)

DOB: _____ (DD/MM/YYYY)

Signature: _____ Date: _____

Photo ID (type and #) _____ Clinic witness: _____

Patient label:

Dependents (0-15 years old or Power of Attorney):

