

Email Communication Consent Form

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I hereby acknowledge that I have requested the opportunity to communicate by email. I understand that in communicating in this manner that I am exposing myself to certain risks. These risks include:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and retain emails that pass through their systems.
- It is impossible to verify the true identity of the sender, or to ensure that only the recipient can read email once it has been sent.
- Emails can introduce viruses into a computer system and potentially damage or disrupt the computer.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- If a patient email requires or invites a response from your Naturopathic Doctor and the patient does not receive a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether your Naturopathic Doctor received the email and when she will respond.
- Patients are responsible for informing your Naturopathic Doctor of any types of information that you do not want sent by email.

Dr. Elizabeth Yaworsky, ND will use reasonable means to protect the security and confidentiality of email information sent and received; however, because of the risks outlined, she 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 by her.

Although your Naturopathic Doctor will endeavour to read and respond promptly to an email from a patient, there is no guarantee that any particular email will be read and responded to within any particular period of time. Accordingly, patients should not use email for medical emergencies or other time-sensitive matters. Email communication is not an appropriate substitute for clinical examinations.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication by email between Dr. Elizabeth Yaworsky, ND and me. I consent to communicating by email in spite of these risks.

Patient Name: _____

Patient Email: _____

Signature: _____ Date: _____