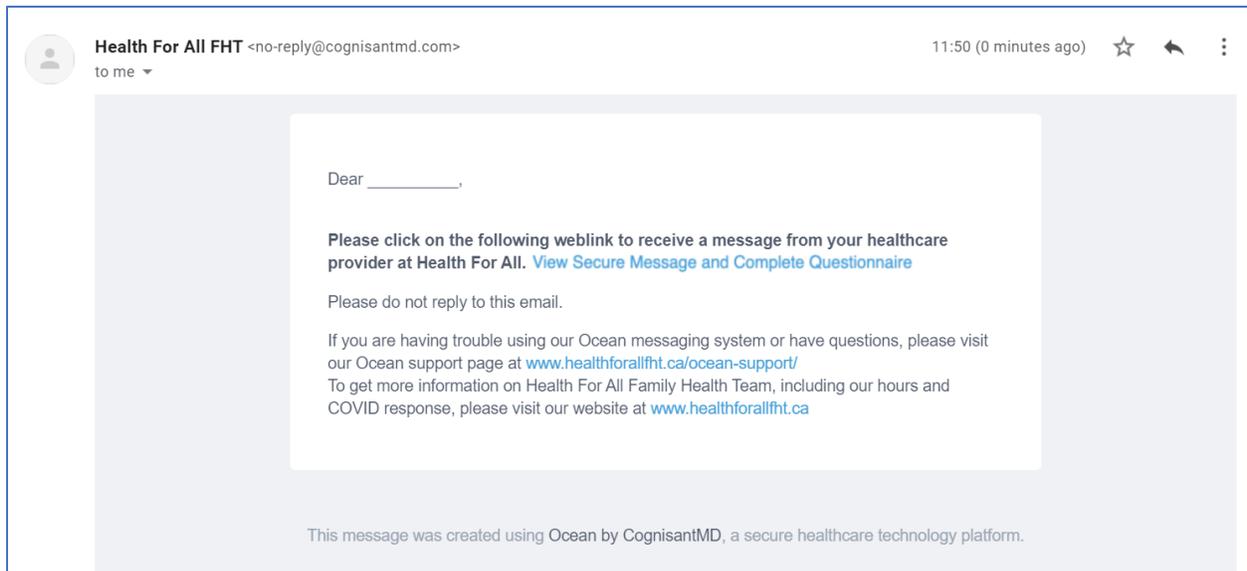


## Ocean How-To's

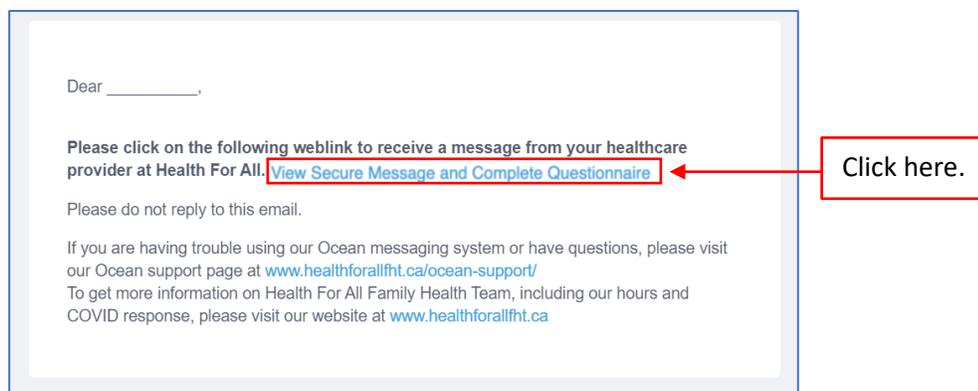
### Give Your Consent to Communicate via E-mail

This How-To was developed to help you give your e-mail consent to Health for All. Without giving consent, you will not be able to use the Ocean platform to receive information from your provider. You will know that this is the correct tutorial if you receive the following e-mail from Health for All:

[Please do not reply to this e-mail.](#)



1. To begin, please click the blue link that says “[View Secure Message and Complete Questionnaire](#)”. This will open a new tab in your web browser.



- The new tab will look like the image below. Please enter your date of birth in the boxes provided, then click the **Next** button.

- The next page will contain the secure message below. Please note, to maintain privacy and security, you will no longer be able to access the link sent to you via e-mail (the blue message in step one) once you close this page. If you would like to keep a copy of the information below, please click the **Print** button or copy and paste the text for your records.

- To proceed to the next page please check the box titled "I have received this message" at the bottom of the page, this will alert the clinic that you have received the message. Then click the **Next** button. Additionally, if you do not want to see this message in the future, you may also check the box titled "I do not need to view this message again".

5. You will now see our Terms of Use for Email Communication. The top of the screen will look like the image below. Please take the time to read through the disclaimer, including the Appropriate Use of Email Communication, Privacy and Security Risks as well as the Patient Acknowledgements and Agreements.

Dear Patient,

Health for All Family Health Team is expanding our virtual care of patients to ensure that we can communicate with and care for our patients safely and effectively in a timely manner.

Virtual care has been defined as any interaction between patients and/or members of their circle of care, occurring remotely, using any forms of communication or information technologies with the aim of facilitating or maximizing the quality and effectiveness of patient care.

At Health For All, we will begin to offer email communication with our office for the following specific reasons:

- Providing appointment reminders for certain types of appointments
- Providing requisition forms for tests (labs, x-ray, ultrasound etc.)
- Providing educational and health promotion resources
- Confirming routine lab results with patients
- Requesting patients to contact the office to schedule appointments
- Distributing clinic notices, policies and newsletters
- Distributing patient satisfaction surveys
- Verifying patient contact information, including updated health card information

\*Please read to the bottom of this document to submit your consent to this form of virtual care when it becomes available\*

Appropriate Use of Email Communication:

- At this time, Health For All email communication is limited to only those

Please read all of the information provided, and scroll all the way to the bottom of the page.

6. After you have read through the disclaimer, you are ready to provide consent to receive e-mails from Health for All. Click the  button on the right side of the page to agree with the Patient Acknowledgements and Agreements.

Patient Agreement and Release

I have read and fully understand this consent and release form. I understand the risks associated with using email with my health care provider and others at Health for All Family Health Team and I accept those risks. I understand the limits set out for using email and I agree to follow those limits.

I understand if I no longer wish to communicate with Health for All Family Health Team by email, I will tell my health care provider or the front desk staff person.

I agree that Health for All Family Health Team ( which for this agreement and release includes its affiliated physicians, and staff, agents and officers of the physicians or Health for All Family Health Team) shall not be responsible for any personal injury including death, or privacy breach outside the control of Health for All Family Health Team or other damages as a result of my choice to communicate with Health for All Family Health Team by email and I release and hold harmless the Health for All Family Health Team from any liability relating to communicating with me by email.

If you agree to all of the above, please click "Yes" and tell us which email address you wish us to use.

Click the Yes button.

7. After clicking  , a new box will appear at the bottom of the page. Please enter/confirm your preferred e-mail address. It is recommended that you use a personal e-mail address that no one else has access to. Once you have entered your e-mail address in the box provided, click  .

I have read and fully understand this consent and release form. I understand the risks associated with using email with my health care provider and others at Health for All Family Health Team and I accept those risks. I understand the limits set out for using email and I agree to follow those limits.

I understand if I no longer wish to communicate with Health for All Family Health Team by email, I will tell my health care provider or the front desk staff person.

I agree that Health for All Family Health Team ( which for this agreement and release includes its affiliated physicians, and staff, agents and officers of the physicians or Health for All Family Health Team) shall not be responsible for any personal injury including death, or privacy breach outside the control of Health for All Family Health Team or other damages as a result of my choice to communicate with Health for All Family Health Team by email and I release and hold harmless the Health for All Family Health Team from any liability relating to communicating with me by email.

• If you agree to all of the above, please click "Yes" and tell us which email address you wish us to use.

Email Address:

Enter your e-mail address, then click Finish.

8. You have now provided consent to receive e-mails from Health for All. You will see the following message. You may now exit the window.

**Questionnaire Complete**

Thank you for completing this questionnaire. Your answers have been submitted successfully.

Please note that your healthcare provider will not routinely see your answers until the time of your next appointment.

If you have an urgent medical problem, you must contact your healthcare provider directly or proceed to the emergency department.

If you wish to revoke your consent, or no longer wish to communicate via e-mail with Health for All, please notify your health care provider or a front desk staff member.

Thank you.