

# Patient Enrolment and Consent to Release Personal Health Information

Please PRINT using black or blue ballpoint pen.

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## Section 1 – I want to enrol myself with the family doctor identified in Section 4

Last Name		First Name		Second Name	
Health Number		Version Code	Mailing Address ▶	Apartment #	Street No. and Name or P.O. Box, Rural Route, General Delivery
Date of Birth (yyyy/mm/dd)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		City/Town	Postal Code
Send notices from my family doctor's office to me by: <input type="checkbox"/> regular mail <input type="checkbox"/> email (if possible)			Residence Address ▶ or same as mailing address <input type="checkbox"/>	Apartment #	Street No. and Name or Lot, Concession and Township
Email Address:				City/Town	Postal Code

## Section 2 – I want to enrol my child(ren) under 16 and/or dependent adult(s) with the family doctor identified in Section 4

A Last Name		First Name		Second Name	
Health Number		Version Code	Mailing Address ▶ or same as Section 1 <input type="checkbox"/>	Apartment #	Street No. and Name or P.O. Box, Rural Route, General Delivery
Date of Birth (yyyy/mm/dd)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		City/Town	Postal Code
I am this person's <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> attorney for personal care			Residence Address ▶ or same as Section 1 <input type="checkbox"/>	Apartment #	Street No. and Name or Lot, Concession and Township
				City/Town	Postal Code

  

B Last Name		First Name		Second Name	
Health Number		Version Code	Mailing Address ▶ or same as Section 1 <input type="checkbox"/>	Apartment #	Street No. and Name or P.O. Box, Rural Route, General Delivery
Date of Birth (yyyy/mm/dd)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		City/Town	Postal Code
I am this person's <input type="checkbox"/> parent <input type="checkbox"/> legal guardian <input type="checkbox"/> attorney for personal care			Residence Address ▶ or same as Section 1 <input type="checkbox"/>	Apartment #	Street No. and Name or Lot, Concession and Township
				City/Town	Postal Code

## Section 3 – Signature

I have read and agree to the Patient Commitment, the Consent to Release Personal Health Information and the Cancellation Conditions on the back of this form. I acknowledge that this Enrolment is not intended to be a legally binding contract and is not intended to give rise to any new legal obligations between my family doctor and me.

I am signing on behalf of (check all that apply)  
 myself  child(ren)  dependent adult(s)

My Name  
 last name first name

Signature Date (yyyy/mm/dd)

**X**

Home Telephone No. ( ) ( )  
 Work Telephone No. ( ) ( )

## Section 4 – Family doctor information

PG13683  
 DR. EKTA LAKHANI  
 HUMBER RIVER FHO

BILLING NO. 035826 GROUP NO. BANT

(Include Billing no. and Group no.)

Family Doctor's Signature Date (yyyy/mm/dd)  
**X**



## Humber River Family Health Organization/Team

Website <https://www.hrfht.com/>

*Dixon site*

245 Dixon Rd, Etobicoke, ON M9P 2M4

*Weston Site*

2050 Weston Road, Toronto, ON M9N 1X4

*Finch Site*

1315 Finch Avenue West.

*Wilson site*

Suite 200/ 204. 1017 Wilson Ave.

*North western site*

2397 Finch Avenue West.

## Patient Electronic Communications Consent

Electronic communication is a widely accepted form of communication. While it cannot replace personal encounters between you and your health care provider, it can be a convenient way to exchange information.

Our electronic medical system (EMR) is equipped with electronic communication packages called '**Communicate**' and '**Notify**'. Through both we can send and receive information and results to our patients and related consultants in a secure and confidential manner. Hence, our preferred communication method of electronic communication is via **Notify** or **Communicate** and by video through the **Ontario Health Network (OTN)**. All are secure and encrypted methods of communication. We will provide you with a personal PIN number to use **Communicate**. Depending on circumstances, other forms of virtual electronic communication may include email, Doxy.me, Zoom, and phone. **Please remember that regular email correspondence which is not encrypted is not secure or confidential, and should not be used for communication, especially if it contains confidential information.**

All electronic communication will be acknowledged in a timely fashion. However, we do not monitor when the office is closed for weekends, evenings, statutory holidays, and vacations. Please consider our office hours when you are waiting for a reply to your electronic communication. As a general rule, we will respond to patient emails **within 3 business days**. If you do not receive a response within the designated time period, please assume that your email was not received and call the office to follow up.

**If you are experiencing a medical emergency PHONE 911 IMMEDIATELY**

If at any time you wish to opt out of electronic communications kindly contact our office.

### Our commitment to you:

- The Humber River Family Health Organization/Team is committed to following the privacy and security guidelines as mandated by law in the PHIPA (2004)
- All forms of personal information shared with your health care team are kept in confidence and used solely for the provision of health care
- The Humber River Family Health Team will not release any contact information (address, phone, or email) to a third party unless it is directly related to the provision of your health care or mandated by law
- When providing general information to more than one electronic communication recipient at the same time, the Humber River Family Health Team will protect your privacy by sending the message using blind copies (Bcc)
- We will not make a recording of the virtual visit and ask you not to do so. Details of your virtual visit will be transcribed into your chart as are all in-person visits.

### Do NOT use email for any of the following

- ▶ As a substitute for an appointment with your health care provider.
- ▶ Requesting a diagnosis based on a written description of symptoms.
- ▶ Any frivolous, commercial, or unapproved purpose.

## Acknowledgement and Consent

### I understand and agree that:

- Electronic communication is not an appropriate substitute for clinical examinations. I am responsible for following up on the electronic communication and for scheduling appointments where warranted.
- Electronic communication is not to be used in emergencies, or when I need information or advice urgently.
- Electronic communication may be accessed by medical office staff in the course of their duties.
- Electronic communication may be accessed by my health care provider's medical colleagues while caring for me when my health care provider is absent.
- Electronic communication will use respectful language .
- I will not send pictures via electronic communication unless I have been asked to do so.
- Electronic communication will not be used for frivolous or commercial purposes, or any purpose outside the context of my direct patient-health care provider relationship.
- Electronic communication between me and this medical practice will become part of my confidential patient record.
- This medical practice may use electronic communication to send me appointment information, drug alerts, health promotion material and other educational resources.
- Electronic communication is a privilege that may be withdrawn at the discretion of this medical practice.
- Electronic communication is only for the residents of Ontario and is governed by the laws of the Province of Ontario.
- Electronic communication is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the electronic communication once it has been sent.
- Electronic communication can introduce viruses into a computer system and potentially damage or disrupt the computer.
- Electronic communication can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the physician or patient. Electronic communication senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients. Electronic communication is indelible. Even after the sender and recipient have deleted their copies of the email, backup copies may exist on a computer or cyberspace.
- Use of electronic communication to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- The Humber River Family Health Team is not responsible for information loss due to technical failures.
- I will notify the Humber River Family Health Team of any changes to my electronic communication address.
- I acknowledge the Humber River Family Health Team's right to, upon provision of written or electronic communication notice, withdraw the option of communicating through email.
- I will not add the Humber River Family Health Team electronic communication address to any group mailing list.

I have read and understand the Electronic Communication Consent Form and hereby authorize the Humber River Family Health Team to disclose my personal health information to me via the methods described above.

Patient Name:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Patient or Substitute Decision Maker)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children – 13 years old and under

Relationship to patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_