Dr. Deirdre A.W. Jasper, BSc, ND reg. #074

Active Chiropractic & Wellness, #5-414 Westmount Drive
Winnipeg Manitoba R2J 1P2

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Consent and Waiver of Liability: Electronic Communication

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. All electronic communication will be acknowledged in a timely fashion. However, we do not monitor e-mails 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 e-mails within 3 business days. If you do not receive a response within the designated time period, please assume that your e-mail was not received and call the office to follow up.

I understand and agree that:

- Electronic communication is not an appropriate substitute for clinical examinations. I am responsible for following up on Dr. Deirdre Jasper N.D.'s (Dr. Jasper) 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. In case of an emergency, go to your nearest urgent care facility or call 911;
- Electronic communication will not be used for any purpose outside the context of my direct patient-health care provider relationship;
- E-mail communication between me and Dr. Jasper will become part of my confidential patient record:
- This medical practice may use electronic communication to send me health promotion material and other educational resources;
- Electronic communication is a privilege that may be withdrawn at the discretion of Dr. Jasper;
- Electronic communication between Dr. Jasper is only for the residents of Manitoba and is governed by the laws of the Province of Manitoba;
- 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 e-mail, 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 e-mail, 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:
- E-mails may be forwarded or referred, as necessary, for diagnosis, treatment, or health care operations, with the permission of the patient;
- Dr. Deirdre Jasper N.D. is not responsible for information loss due to technical failures:
- I will notify the Dr. Jasper of any changes to my electronic communication address;
- I acknowledge Dr. Jasper's right to, upon provision of written or electronic communication notice, withdraw the option of communicating through e-mail;

I hereby authorize Dr. Deirdre Jasper, N.D. to disclose my personal health information to me via the following:	a
E-mail address (print clearly): Mobile number to be used for texting (if applicable):	

I have read and understood the "Consent and Waiver of Liability: Electronic Communication" form and fully acknowledge that sending personal health information via electronic communication is not secure and I fully accept

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the risks and responsibility involved with this. I hereby waive any and all claims against Dr. Deirdre Jaspe connection with the disclosure of my personal health information via e-mail.	r N.D. in
Name of Patient (print):	
Signature of patient (or guardian/ legal representative): Date:	
Relationship to patient (if signed by guardian/ representative):	