



Patient Enrolment and Informed Consent Form

Client Commitment

I agree to provide accurate and complete information about my medical history, past illnesses, allergies, hospitalizations, and medications to Cassidy Chowns Nurse Practitioner.

I agree to ensure my personal and contact information on the patient portal is accurate and current. I agree to update such information in a timely manner.

I agree to notify Cassidy Chowns Nurse Practitioner in a timely manner of any concerns I have related to the treatment plan.

I agree to treat all staff and clinicians at Cassidy Chowns Nurse Practitioner with respect.

I acknowledge that failure to follow the clinician's advice can result in negative health outcomes for me or the person I am acting on behalf of.

Privacy Policy

Protecting your privacy and the confidentiality of your personal information has always been an important aspect of Cassidy Chowns Nurse Practitioner operations. The appropriate collection, use, and disclosure of patients' personal health information are fundamental to our day-to-day operations and to your care. We strive to provide you with excellent medical care and service, which includes treating your personal information with respect. Each member and employee of the practice must abide by our commitment to privacy in the handling of personal information.

Please see www.npchowns.ca for further information on our privacy policy.

Security Measures

Cassidy Chowns Nurse Practitioner will always communicate with patients via the patient portal, which is through the software provider Juvonno. This is a Personal Health Information Act (PHIPA, 2004)-compliant electronic medical record software.

I agree to receive communications and documents through the secure platform Juvonno.

I agree to only provide sensitive medical information through the patient portal.

I agree to take reasonable measures to ensure the security of my patient portal login and password.

I agree not to allow others to access my patient portal login information.

I agree to attend my appointments in a secure and private location. I acknowledge that failure to do so can result in a privacy breach.

I agree that Cassidy Chowns Nurse Practitioner shall not be responsible for any personal injury including death, and/or privacy breach (outside the reasonable control of Cassidy Chowns Nurse Practitioner) or other damages as a result of my choice to attend my appointment in an unsecure location and I release Cassidy Chowns Nurse Practitioner from any liability relating to my choice to attend an appointment in an unsecure location.

Risks of using email

Transmitting patient information poses several risks of which you should be aware. You should not agree to communicate via email without understanding and accepting these risks. The risks include, but are not limited to, the following:

1. The privacy and security of email communication cannot be guaranteed.
2. Employers and online services may have a legal right to inspect and keep emails that pass through their system.
3. Email 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 email once it has been sent.
4. Emails can introduce viruses into a computer system, and potentially damage or disrupt the computer.
5. Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of Cassidy Chowns Nurse Practitioner or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
6. Email may be permanent. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
7. Use of email to discuss sensitive information can increase the risk of such information being disclosed to others.
8. Email can be used as evidence in court.
9. Choosing not to use encryption software increases the risk of privacy violation.

Conditions of using email

Cassidy Chowns Nurse Practitioner will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the security and confidentiality of email communication cannot be guaranteed. Thus, you must consent to the use of email which includes agreement with the following conditions:

1. Although we will endeavor to read and respond promptly to your email, we cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, you should not use email for medical emergencies or other time-sensitive matters.
2. Emails about medical issues may be made part of your medical record and may be seen by staff with authorized access.
3. We may forward your emails to others involved with your medical care. We will not, however, forward your emails to anyone else without your prior written consent, except as authorized or required by law.
4. Email communication is not an appropriate substitute for clinical assessments. You are responsible for following up on emails and for scheduling appointments when warranted.
5. If your email requires or invites a response and you have not received a response within a reasonable time period it is your responsibility to follow up on this.
6. Email should not be used for sensitive medical information, such as sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse.
7. We are not responsible for information loss due to technical failure.

Instructions for communication by email

1. Use your own personal computer.
2. Inform Cassidy Chowns Nurse Practitioner of any changes in your email address.
3. State your name and the reason for the email in the subject line (e.g., 'John Smith - prescription renewal').
4. Respond to emails that require a response.
5. Use passwords to secure access to your computer.
6. Withdraw consent only by email or written communication to Cassidy Chowns Nurse Practitioner.
7. Should you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on email.

Consent to Release Personal Health Information

I understand that Cassidy Chowns Nurse Practitioner will be able to offer better medical care if I permit the sharing of appropriate and relevant information relating to my health within my circle of care. This can include sharing personal health information with physicians, specialists, such as in referrals, and allied health professionals.

I agree to allow Cassidy Chowns Nurse Practitioner to send referrals, prescriptions, and letters that include my personal health information if the sending such documents is:

- deemed appropriate and necessary
- agreed upon by both the client and clinician.

I agree to allow Cassidy Chowns Nurse Practitioner to access my personal health information that is available on the provincial health information databases, such as ConnectingOntario. This can include information about dispensed medications, recent hospitalizations and lab test results.

If I wish to authorize Cassidy Chowns Nurse Practitioner to disclose my personal health information to a family member, spouse, parent or substitute decision-maker, I will inquire about and complete the necessary "Consent to Disclose Personal Health Information Form."

Fees

I understand that Cassidy Chowns Nurse Practitioner is fee-for-service and fees are not covered by the Ontario Health Insurance Plan (OHIP).

I agree to pay the fees as stated when booking the service.

I agree to authorize Cassidy Chowns Nurse Practitioner to process the payment after the provision of services.

Failure to provide correct payment information and/or refusal to make a payment may result in:

- Legal action
- Inability to utilize Cassidy Chowns Nurse Practitioner services in the future

I acknowledge that Cassidy Chowns Nurse Practitioner does not provide insurance billing.

Scheduling and Cancellation Policy

Appointments must be booked 4 hours in advance of the appointment time.

Appointments canceled by the client fewer than 24 hours before the appointment time will result in a cancellation fee of \$15.00 CAD. Cassidy Chowns Nurse Practitioner reserves the right to charge the payment type on file for such fees.

If you miss an appointment and are not reachable by telephone, Cassidy Chowns Nurse Practitioner reserves the right to charge you \$15.00 CAD for such inconvenience. Cassidy Chowns Nurse Practitioner reserves the right to charge the payment type on file for such fees.

If the client books an appointment for an ineligible service, the client will be notified via email that the appointment has been canceled and no charges will apply.

Cassidy Chowns Nurse Practitioner services reserves the right to reschedule appointments due to unforeseen circumstances or clinician availability. The rescheduled appointment date and time will be agreed upon by both the client and clinician.

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