

Organization Logo (Header)

Client Consent For Electronic Communications & Diabetes Data Sharing

Dear Clients/Substitute Decision Maker:

Email communication and the sharing of your electronic diabetes data allows us to communicate with you in a timely and efficient way. However, it is important for you to be aware that email messages are not secure (encrypted) on the organization's e-mail system.

What you need to know about communicating with your health care provider via e-mail or sharing BG data:

- Messages could be intercepted and read by others over the internet as email communications to us is through a non-secure email system. The security of messages sent or received cannot be guaranteed.
- When email is used to communicate with your healthcare provider, all pertinent pieces of information from the email will be documented in your health record.
- You must reply to all emails received from **XXX Organization** to confirm your receipt of the email
- Do not use email to communicate sensitive types of information ie mental health information, HIV/AIDS information or pregnancy test results.
- Do not use email to communicate emergency/urgent health matters as email messages can be delayed for various reasons beyond the control of your health care provider. In case of an emergency call 911 or go to your closest Emergency Room.
- **Blood glucose/insulin pump data will only be accessed for the purposes of upcoming appointments or at your request via email or telephone request to discuss a timely concern. It will not be monitored otherwise.**
- You have the right to revoke this permission for email communication or remove **XXX Organization** from accessing your DM data at anytime.

By signing this document, you acknowledge that you have read and agree with the terms outlined in this document. You also agree to inform your healthcare provider at **XXX Organization** if your email address changes or if you no longer wish to communicate via email, or for your health care team to no longer have access to your diabetes data. This signed document will be stored in your health record. If you have any questions about this process, please speak to anyone on your health care team at **XXX Organization**.

Consent for E-mail Communication:

I (print name) _____ have read and agree to the above terms and I consent to communicating with my healthcare providers at **XXX Organization** regarding my diabetes care using email as outlined above. Email Address: _____

Signature: _____ Date(MM/DD/YY): _____

Consent for Electronic Diabetes Data Sharing:

I (print name) _____ also consent to share my user ID if required for my electronic diabetes data so my care providers at **XXX Organization** may access my data for assessment and provision of care. This data may be printed and included as part of my health record.

Device/System Name: _____ User Name/Password: _____

Signature: _____ Date(MM/DD/YY): _____

Staff Witness: _____ Staff Signature: _____

Date: (MM/DD/YY) _____ Clinic ID: _____