

## Consent and Privacy Protection for Virtual Care and Email

### Script: Consent for Virtual Care Visit and Email

Hello, this is [name] calling from the University Health Network (UHN). May I speak with [patient name]?

*Note: Avoid providing details such as the clinic, name of doctor, or specific hospital site (e.g. Princess Margaret) and reason for the call until you have verified the patient's identity. These details are considered PHI and should only be shared with the patient and not with whoever has answered the phone.*

#### **Confirm identity:**

To protect your privacy, we need to make sure that we are speaking to the right person. Could you please tell me your name, date of birth? *(Note: If further information is needed to confirm patient's identity ask for OHIP# or name of primary care doctor, or date of last visit to the hospital or clinic).*

#### **Reason for call:**

*Once you have confirmed you are speaking directly with the patient, provide the reason for the call including clinic, name of doctor, and hospital site.*

#### **Introduce Virtual Care and Email:**

Your care team at UHN offers virtual visits and opportunities to communicate with UHN doctors and staff by email.

Would you like to learn more about virtual visits and email? *(Note: Staff member could then decide whether to proceed based on patient's response or other circumstances such as language barrier, etc.)*

#### **Consent for Virtual Care:**

During a virtual visit you do not come to the hospital to meet in person. This means that your care team will contact you using the telephone or through video, using software on a computer, smart phone or tablet.

Before you decide whether you wish to participate in virtual visits, we want to give you some important information.

1. Virtual visits at UHN will occur using secure videoconferencing tools.
2. You will receive an email and/or SMS (text message) from your care team that contains information about your appointment (for example, your care provider's name and the date and time of your virtual visit). The email and/or SMS (text message) will also contain a link, and instructions on connecting to your appointment. Please call our office if you have any questions regarding your virtual visit or if you do not receive instructions by email and/or SMS (text message).
3. If there are technical difficulties during the virtual visit, you may be called on the telephone instead. You will need to provide a preferred telephone number.
4. If during your virtual visit, your care provider feels that an in-person visit is required they will speak with you about options to get the care you need.

If you use [myUHN Patient Portal](#), you may see a telephone or video visit has been scheduled. If you don't use myUHN Patient Portal and would like to register to see any changes to your appointments and

access your results online, I can give you a registration code or you can contact 416-340-3777 or myuhn@uhn.ca.

All electronic communication including virtual visits, email and communication through SMS (text message) carry some risk. For information about virtual care and how to protect your privacy during virtual visits and when using the internet and email please visit our website at [www.uhn.ca](http://www.uhn.ca) and go to our COVID-19 page. (Here are the PDF links in case the patient would like to receive it by email: [Virtual Visits at UHN](#) and [Using Email to Communicate With Your UHN Health Care Team](#)).

**For Patients who do not have consent for email documented in Epic:**

**Please obtain consent to use email by reading the following script. If the patient consents to communicate with UHN via email, document the patient's email address in their demographics in Epic. Also make sure *Emails from UHN* are enabled in the patient's Communication Preferences.**

**Script: Consent for Email:**

Before you decide whether you wish to communicate with us by email (or SMS (text messages), we want to give you some important information.

1. UHN will only email you with your permission. If you do not choose to communicate with us by email, we will not email you. Please note that physicians and clinics may have their own guidelines as to when they will communicate with patients using email.
2. UHN will only email you for purposes relating to your health care – for instance, sending you test results, medical advice, appointment confirmations, or patient surveys to help us improve the quality of care we deliver.
3. The emails we send you may contain personal health information – for instance, information about your diagnosis, treatment, or medications.
4. Email is never perfectly secure. The use of email always carries some risk.
5. Email or text communication should never be used in urgent or emergency situations – if you are experiencing an emergency, please go to your nearest hospital emergency department.

**Consent to be Contacted about Research:**

If you wish, UHN may also contact you via email to provide you with information about research studies for which you may be eligible.

**You may withdraw your consent for virtual visits and/or email at any time by calling our office.**

Do you have any questions?

The choice is up to you.

- Are you comfortable consenting to virtual care (e.g. appointments by telephone, videoconferencing)?
- Would you like to communicate with UHN’s physicians and staff by email?
- Would you like to receive emails from UHN about research studies for which you may be eligible?

Telephone visits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Video visits and use of email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of email	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of email for contact about research	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of text messages (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
myUHN registration code given	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*(Note: Schedule/Confirm next appointment, if applicable)*

### Privacy Protection during Virtual Care:

- **Confirm identity.** Ask for patient’s name, date of birth and OHIP #. *(Note: If OHIP number is not readily available or patient is not comfortable to provide, instead ask the patient for name of primary care doctor, date of last visit to the hospital or clinic).*
- **Be aware of your location and surroundings** when providing virtual care. Ensure that only staff necessary to support the call are present. Alternatively, identify anyone else who is present and explain why.
- **Advise the patient that personal health information will be discussed.** Recommend the patient be in a quiet place for the visit.
- **Advise the patient that the visit will not be recorded** and ask that they also not record the visit.
- Ask the patient if they are comfortable having this virtual visit.
- For further tips please see [Privacy and Working Remotely \(Intranet > COVID-19 Updates > Remote Access & Care\)](#).

### Documentation Requirements:

- **Consent** to a virtual visit must be documented in the patient chart.
- **If the patient refuses** a virtual visit, document the refusal and as appropriate, that a telephone visit, in-person visit or delayed appointment was offered.
- **Care provided** during a virtual visit must be documented in the patient chart.