

HEALTHY COMMUNICATION

Patient's name: _____ Date: _____

- I. The ALS Clinic team, including the representative of the ALS Society, discuss (amongst themselves in confidence) all patients seen in clinic at **monthly team meetings and via telephone and email**. Open communication is practiced for the sole purpose of meeting your medical needs and optimizing your care.
- II. The ALS Clinic team and the ALS Society representative will discuss issues and concerns with your **community health care professionals (CCAC)** in an effort to optimize your care. In addition, reports and consult notes will be shared with the society and community health care professionals if this is deemed necessary to enhance your care.
- III. The ALS Clinic team, including the representative of the ALS Society; are pleased to **communicate with you through e-mail**. However, you should know that e-mail messages are not the most secure method of communication. The hospital cannot guarantee the security of messages that you send to us, or that we receive from you. You also need to know that the **Information and Privacy Commissioner/Ontario does not support the practice of communicating personal health information via e-mail**.
- IV. The ALS Clinic team, including the representative of the ALS Society; are not able to discuss issues/concerns related to a patient with family members **without the patient's prior knowledge**. In addition, team members do not support asking patients questions or addressing issues/concerns the family deems important that we are **held in secret about**.

Please confirm that you are aware of the above information and are supportive of our open communication style and still allow us to communicate via e-mail with you and other members of the team/society.

Signed: _____ Date: _____

We also need you to identify **the family member** you would like the clinic team/society representative to liaison with us on your behalf

NAME: _____ RELATIONSHIP: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____