



**North Lanark  
Community Health Centre**  
A part of Lanark Renfrew Health & Community Services  
www.nlchc.on.ca



**Ontario's Community  
Health Centres**



**Whitewater Bromley  
Community Health Centre**  
A part of Lanark Renfrew Health & Community Services  
www.wbchc.on.ca

**EMAIL CONSENT:**

In order for us to send email reminders, information about programs and services and/or document exchange, we need your consent and your email address. Clients/program participants must be informed of the risks and guidelines of communicating by email before providing their consent. Lanark Renfrew Health & Community Services recognizes that email communication is susceptible to risks such as interception, misdirection, alteration, loss and interference. Please visit our websites to learn more about our privacy practices.

By providing your email and consent, you confirm and acknowledge that:

- 1) Only the email address I provide will be used by North Lanark Community Health Centre(NLCHC)/Whitewater Bromley Community Health Centre(WBCHC) for communication to me for appointment reminders, information about programs and services, and/or document exchange;
- 2) I understand that I am not to use email for communication with NLCHC/WBCHC for emergency or urgent needs or information. I understand that NLCHC/WBCHC will not be monitoring their email inbox 24/7 nor responding immediately.
- 3) I understand and agree that any information provided by me through documents and via email may form part of my health record;
- 4) I understand that NLCHC/WBCHC follows strict rules and uses all available security measures to protect my privacy but I know that NLCHC/WBCHC cannot guarantee the security of email exchanges to and from the Health Centre;
- 5) It is my responsibility to update NLCHC/WBCHC about any email address changes;
- 6) I may withdraw my consent, by email, for NLCHC/WBCHC to use my email at any time;
- 7) I understand that if I am signing on behalf of a minor child, when he/she/they turn 14, this consent will be void and the child will have the option of signing his/her/their own consent to use their email for appointment reminders, information about programs and services, and/or document exchange.

If you do not understand and/or have questions about how this affects you, please call 613-259-2182 to speak with a CHC staff member for more information.

**YES**, I understand and give consent to NLCHC/WBCHC to use my email address for email reminders, information about programs and services and/or document exchange.

**Email address** \_\_\_\_\_  
(Please print clearly)

**NO**, I do not consent to NLCHC/WBCHC to using email for email reminders, information about programs and services and/or document exchange.

**Name** (Please Print) \_\_\_\_\_ **DOB:** \_\_\_\_\_(DD/MM/YR)

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ (DD/MM/YR)

I am signing on behalf of someone else (a minor or someone in my care). Their name(s) are:

\_\_\_\_\_ DOB \_\_\_\_\_(DD/MM/YR)

\_\_\_\_\_ DOB \_\_\_\_\_(DD/MM/YR)