

Dr. A. Benitez-Gomez Dr. B. Tyrell Dr. A. Mazurek Dr. R. Thavarajah	Dr. J. Nolte Dr. F. O'Brien Dr. P. Mukheibir Dr. J. O'Brien Dr. M. Cooner	Dr. I. Amankwe Dr. E. Baasch Dr. P. Brar Dr. R. Balakrishna	Dr. L. Perold Dr. M. Lebl Dr. A. Lamprecht Dr. S. Tayebi Dr. E. Terekhova	Dr. N Darby Dr. L Darby Dr. N. Boudreau Hilltop Walk-In Clinic	Dr. Jane Wu Internal Medicine Dr. Tom Barnett Psychiatry
--	---	--	---	---	---

Consent to Use Electronic Communication

Hilltop Medical Clinic and all practitioners at this location are offering to communicate using the following means of electronic communications:

Check all that you wish to give electronic consent for between you and Hilltop Medical:

- Email
 Text messaging
 Videoconferencing
 Accession portal
 (VSee Desktop or Phone app)

Patient name: _____ DOB: _____ (mm/dd/yy)

Family Physician: _____ Cell phone: _____

Email address: _____

Home address: _____

Initial below	
	I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as other conditions that the Physician may impose on communications with the patients using the services.
	I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Physician or the Physician’s staff using the services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physicians staff using these services with a full understanding of the risk.
	I acknowledge that either the Physician or myself, at anytime, can withdraw the option of communication through the services upon providing written notice. Any questions I had regarding the electronic communication consent have been answered.

To Decline Consent, please initial _____

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____