



Virtual Health Patient Agreement

Virtual Health is a patient-centered care model focused on connecting patients, families and providers, using technology to promote wellness, specialty care and improved outcomes. We believe using technology to deliver health services is the natural evolution of health in the digital world, and many patients have requested Virtual Health options.

We are pleased to offer you the opportunity to have your appointments virtually. In a Virtual Health visit you are able to see, hear and speak to your health care providers in the same way as an in-person visit. If you agree to participate, you will be asked to share your email address in accordance with the [Freedom of Information and Protection of Privacy Act](#).

In collaboration with you, we will assess, evaluate and continuously improve our Virtual Health service, and determine if this is an effective way to help you in your wellness journey.

Participation in a Virtual Health visit is entirely voluntary and either way, your choice will not affect your care in any way. Our existing methods of in-person and phone clinic visits will continue. If a Virtual Health visit is not meeting your needs, the session may be changed to a telephone or in-person visit as soon as possible. Please be aware that email is not an appropriate substitute for in-person or over-the-telephone communication, clinical consultations, examinations or crisis-related support. We will not be able to respond to any emails from you, but you are welcome to call the clinic directly at any time.

If you choose to participate, we need your assistance with the following:

1. We will require your email address to send you the visit invitations, instructional materials, and survey links.
2. You are required to have one electronic device that is compatible with Skype for Business, the software that enables the service. Android, iOS, Mac, and Windows devices newer than 2012 are recommended.
3. Please follow the instructions we provide to set up your device prior to the appointment. It should take less than five minutes. These instructions will help you join and participate in the Virtual Health visit. Our care team is unable to provide you with trouble shooting or technical support.
4. A Virtual Health visit requires the same privacy considerations as an in-person visit and you are responsible to find a private space to participate in your Virtual Health visit. Session recordings are not permitted.
5. You may have a family member or friend with you, but we ask that you introduce them at the beginning of your Virtual Health visit.

If you agree to participate, please complete this fillable PDF form below within one week of today, save it for yourself and send a copy to infoccdp@cw.bc.ca, and put in the subject line of your email: **“Virtual Health Agreement”**.

*****Please fill out the Patient Agreement Form*****

DATA CONSENT

In order for you to attend future Virtual Health appointments, the Complex Chronic Diseases Program will need to communicate with you by email sent to your personal email account.

The personal information including your name, birthdate, Personal Health Number, and email address will be used to confirm your identity and enable you to access Virtual Health via video conferencing. We will only send your personal information as stated above to the personal webmail address you have provided and all of the information you provide, including information about the care you receive, will be kept completely confidential. However, it is important to note, that the personal information contained in our emails to you may be stored in computer servers located in the United States. The [Freedom of Information and Protection of Privacy Act](#) requires we obtain your consent to this disclosure before we continue.

Your consent will be effective upon completion of the form below and will continue to be in effect until six months after the completion of your treatment at the Complex Chronic Diseases Program. If you choose not to consent, you will not be able to receive clinical care via Virtual Health (video conferencing).

I CONSENT

- I have read the Patient Agreement and voluntarily agree to participate in Virtual Health visits as part of my care from the Complex Chronic Diseases Program by providing the following information:

Legal First Name		Legal Last Name	
Previous name if you've changed your name recently			
Date of Birth		Phone Number	
Email			
Date			

We take all reasonable steps to make sure that your personal information is treated confidentially, is only used for these [specific purposes](#) and is securely stored as directed by the BC Freedom of Information and Protection of Privacy Act (FOIPPA).

Collecting, using and sharing your personal information

When you receive care, treatment and services at any of our hospitals, we collect personal information from you. We may also request information about you from other health care providers and organizations. (e.g. copies of records, medications, test results).

Your information may be put into our electronic health system to assist doctors or other healthcare providers to quickly access your information wherever you receive care or services.

We collect your personal information only as authorized under section 26(c) of the BC Freedom of Information and Protection of Privacy Act ("FIPPA"). We collect, use and share your personal information for these reasons:

- to confirm your identity (e.g. Ministry of Health Services)
- to provide ongoing care and support
- to help us plan, maintain and improve our care and services
- to keep in contact with you about your health care
- for education and training (e.g. medical students)
- to do research with consent or as permitted by law
- to see if you are eligible for benefits and services and to arrange billing
- to help measure and fund healthcare (e.g. Canadian Institute of Health Information)
- to study and control disease outbreaks and monitor the overall health of people
- as required by law (e.g. court order or for some reportable conditions) and as authorized by FIPPA

Your health information will be provided to the doctor who referred you and to authorized health care providers involved in your care to ensure your care is consistent and continuous. In some cases, these health care providers may look up your information in our electronic health systems.

eHealth and Your Information

eHealth is a provincial initiative that allows certain aspects of your health information to be accessed by authorized health care professionals throughout the province and not just within a particular region. Each Health Authority sends specific health information to a province-wide electronic information system where it is stored with strict protections and used for limited and authorized purposes. For more information about eHealth, please visit the government eHealth website at <http://www.health.gov.bc.ca/ehealth>