



**U-Breathe Respirology Clinic &
Pulmonary Function Laboratory**
Suite 205, 4411 – 16th Avenue N.W.
Calgary, Alberta T3B 0M3 CANADA
P:(403)475-9766 F:(403) 538-6745

WELCOME TO U-BREATHE CLINIC

BREATHE EASIER - LIVE HEALTHIER - FEEL BETTER

CONSENT FOR ROUTINE RELEASE OF INFORMATION

Frequently it is necessary to transmit clinical information for other health care providers. The Health Information Act requires consent for this. In order to provide prompt transmission of this information,

I, _____, consent to the release of any information my doctor deems necessary for health care purposes.

I acknowledge that there are benefits and may be risks associated with consenting to its release.

EMAIL STATEMENT OF USE

EMAIL ADDRESS: _____

By providing U-Breathe with **your email address**, you are accepting communications from U-Breathe Respirology **for appointment management and other administrative purposes** as necessary for us to provide you the health services you have requested and that only the least amount of information necessary will be provided in emails in support of the above stated purposes. At no time will the clinic directly discuss or respond to queries by this means with medical history or diagnosis related information. **Use of other means of communication such as phone call, MyHealthAccess, postage mail, or an in-person visit (as appropriate) will instead be necessary to obtain personal medical information in a safe and secure manner.**

By providing your information, you agree to let us collect, use, or disclose your personal health information through video or audio communications (in accordance with applicable privacy laws) in order to provide you with care. In particular, the following means of electronic communication may be used: videoconferencing (including Skype, MyHealthAccess), text messaging and instant messaging (securely offered through MyHealthAccess).

I, _____, give my consent to U-Breath Respirology Clinic to contact me via electronic communications.

I understand that I may revoke my consent at any time by providing a signed, written statement to that effect. This consent form is deemed valid unless revoked.

Signature: _____

Date: _____