

CONSENT TO TREATMENT

I acknowledge that I have been informed of the risks related to anesthesia and surgery such as skin necrosis, the risk of hematoma, bad scarring, pulmonary embolism, thrombophlebitis, infection, fat necrosis, asymmetry, infection, etc.

I acknowledge that it is impossible to guarantee the result of the surgeries that I will undergo.

I acknowledge that I have been informed that if surgery for revisions should be performed, that there may be additional charges.

SIGNATURE: _____

DATE: _____

USE OF PRE AND POST-OPERATIVE PHOTOS/VIDEO

The opportunity for patients to see photographs/video of plastic surgery procedures and outcomes is very helpful in their decision making, and often alleviates much of their anxiety around surgery. Patient confidentiality is of utmost importance. We do not take your consent to share photos +/- video for granted and it is not required. However, if you are willing to have your photos/video used to help inform other prospective and current patients, that would be greatly appreciated.

I authorize the use of my photographic/video images, and/or testimonial for marketing and informational purposes by Dr. Colin McInnes. This may include, but is not limited to, office consultations (eg. pre and post operative photos), website content, social media, advertising, and/or research.

Dr. McInnes will make reasonable efforts to conceal my identity in the photographs and not show my face. If a facial procedure is being shown, the eyes will be blocked out.

I understand that I may revoke this authorization at any time, but such revocation must be received by Dr. McInnes in writing.

SIGNATURE: _____

DATE: _____

CONSENT TO USE ELECTRONIC COMMUNICATIONS

Dr. Colin McInnes and his office personnel may communicate with me using the following means of electronic communication ("the Services") [check all that apply]:

- ☐ Videoconferencing (eg. Skype, Facetime etc.)
- ☐ Social media messaging
- ☐ Email
- ☐ Text messaging

PATIENT ACKNOWLEDGMENT AND AGREEMENT:

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 to this consent form, associated with the use of the Services in communications with Dr. Colin McInnes and his office personnel. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that Dr Colin McInnes may impose on communications with 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 Dr. Colin McInnes or his staff using the services may not be encrypted. Despite this, I agree to communicate with the Dr. Colin McInnes or his staff using these Services with a full understanding of the risk.

I acknowledge that Dr. Colin McInnes or I may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. I have or have had an opportunity to ask questions around the electronic communication policy.

SIGNATURE: _____

DATE: _____

APPENDIX

Risks of using electronic communication

Dr McInnes uses reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). However, due to the risks outlined below, security and confidentiality of electronic communications are not guaranteed:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

If the email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of using the Services

- While the Physician will attempt to review and respond in a timely fashion to your electronic communication, **the Physician cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters.**

- If your electronic communication requires or invites a response from Dr McInnes and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Physician's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- Dr McInnes may forward electronic communications to staff and those involved in the delivery and administration of your care. He might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties such as family members, without your prior written consent, except as authorized or required by law.
- You agree to inform Dr McInnes of any types of information you do not want sent via the Services, by notifying him in writing.
- The Physician is not responsible for information loss due to technical failures associated with software or internet service providers.
- Email communication may include promotional material. I understand I can withdraw from receiving this material in a reasonable timeframe with email or written notice.

Patient initials_____

APPENDIX CONTINUED

Instructions for communication using the Services

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform Dr. McInnes of any changes in the patient's email address, mobile phone number, or other account information necessary to communicate via the Services.

If the Services include email, instant messaging and/or text messaging, the following applies:

- Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your last name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to Dr. McInnes or his staff.

- Ensure that Dr. McInnes is aware when you receive an electronic communication from Dr. McInnes or his staff, such as by a reply message or allowing "read receipts" to be sent.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the Physician.
- **If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services.** Rather, you should call the Physician's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.

I have reviewed and understand all of the risks, conditions, and instructions described in this Appendix.

SIGNATURE: _____
DATE: _____