



## BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

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### Contact us

#### GENERAL INQUIRIES

604.742.6200  
1.866.880.7101 toll-free within  
Canada only  
info@bccnm.ca

#### REGISTRATION

register@bccnm.ca  
midwivesregister@bccnm.ca

#### REGULATORY POLICY & PROGRAMS

practice@bccnm.ca

#### COMPLAINTS

complaints@bccnm.ca  
Fax 604.899.0794



# COLLEGE OF MIDWIVES OF BRITISH COLUMBIA

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## Use of Electronic Communications Informed Consent<sup>1</sup>

I, \_\_\_\_\_ (the client), confirm that I am aware of the following conditions, risks, and instructions when using electronic communications including email, fax, text or instant messaging, social media, website and videoconferencing, e.g. Skype and FaceTime:

### 1. Conditions for Using Electronic Communications

- a. Use of electronic communications between me and my midwife and/or team of midwives does not replace an in person prenatal, labour or postpartum visit and will not be used for any emergencies or time-sensitive matters.
- b. While every attempt will be made to respond in a timely fashion to my electronic communication, a guarantee of a specific response time by my midwife and/or team of midwives is not possible.
- c. If a response is expected and has not been received within a reasonable time, I may need to follow up to ensure the intended recipient received the communication.
- d. For urgent matters, I am advised to page the on call midwife or care provider.
- e. Electronic communications concerning treatment or diagnosis will likely be transcribed, printed and/or scanned and made part of my medical record. Only authorized individuals such as other health care practitioners that are part of my health care team or staff and billing personnel may have access to these communications.
- f. The midwife and/or team of midwives involved in my care may send electronic communications in order to facilitate the coordination of my care. This information will not be sent to third parties including family members without my prior written consent, except as required or authorized by law.
- g. Electronic communications will not be used to communicate sensitive medical personal information such as mental health issues, substance abuse, or sexually transmitted disease.
- h. The midwife and/or team of midwives and midwifery office staff will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications.
- i. I am required to inform my midwife and/or team of midwives of any types of information I do not want sent through electronic communications.

### 2. Risks of Using Electronic Communications

- a. Security and confidentiality of electronic communications cannot be guaranteed and despite efforts to protect the privacy and security of all electronic communications, it is not possible to completely secure the information.
- b. Use of electronic communications increases the risk of sensitive information being disclosed to third parties.
- c. Online services may inspect and keep electronic communications passing through their system and may have a legal right to do so.
- d. Whenever electronic communications occur, there is a risk of introducing malware into a computer system, potentially damaging and disrupting the security settings.
- e. Information sent through electronic communications can be forwarded, stored, circulated and changed without knowledge or permission from the client, midwife or midwifery office.
- f. Back-up copies may still exist on a computer system although the sender and recipient have deleted copies of electronic communications.

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<sup>1</sup> Use of this consent form is optional. While a midwife is under no obligation to obtain a client signature, reviewing the information and signing this form is an opportunity to document an informed choice discussion between midwife and client regarding the use of electronic communications. Further, a midwife is under no obligation to use electronic communication with a client.

- g. All forms of electronic communications may be disclosed in a court order or in accordance with a duty to report.
  - h. Skype or FaceTime may increase the risk of interception compared to other forms of videoconferencing.
  - i. There is an increased risk for emails, text messages, and instant messages to be received by unintended and unknown recipients as these forms of electronic communications can more easily be misdirected.
  - j. It is not feasible to verify the true identity of the sender with email, text messages, and instant messages compared with handwritten or signed hard copies. It is also not possible to confirm or ensure that only the recipient is the one reading the message once it has been sent.
3. Instructions for Using Electronic Communications
- a. Limit or avoid using someone else's computer if possible.
  - b. Inform the midwifery office of any change in email address, cell phone number or other information necessary to communicate through electronic means.
  - c. Include a description of the nature and or purpose of the communication such as "prescription renewal", and ensure the full name is in the body of the message.
  - d. Review messages and ensure they are clear and that all relevant information is provided before sending to the midwifery office.
  - e. Confirm receipt of a communication from the midwife's office with a reply message or allow "read receipts" to be sent.
  - f. Withdraw consent of receiving electronic communications only by email or written communication to the midwife or midwifery office.
  - g. If immediate assistance is required and/or the matter is urgent in nature, understand that paging the midwife on call is the better option.

Client Acknowledgment and Agreement for Using Electronic Communications:

1. I acknowledge that I have read and understand the conditions, risks, and instructions for use of electronic communications methods.
2. I accept the risks that are associated with using electronic communications as a means to communicate with the midwife, the midwifery team and office staff. I consent to the conditions and will follow the instructions as outlined.
3. I acknowledge and understand that although encrypted messages are recommended, it is possible that electronic communications with the midwife and midwifery team and office staff may not be encrypted.

General Information about Client Records:

1. I understand that all information about myself and my baby will be kept confidential, except as required by law, and will be afforded the privacy protections of the *BC Personal Information Protection Act*.
2. I understand that some of the information I provide will be submitted to British Columbia's Regional Health Authorities and Perinatal Services BC (PSBC), an agency of the Provincial Health Services Authority, for inclusion in a provincial perinatal registry. The data submitted to PSBC will be used to evaluate perinatal outcomes, care processes and resources, ultimately improving maternal, fetal, and newborn care in British Columbia.
3. I understand the data submitted to PSBC will be kept confidential, except as required by law, and will be afforded the privacy protections of the *BC Freedom of Information and Protection of Privacy Act*.
4. I understand that if I have any questions regarding the collection, use and disclosure of my personal information, I can contact the Registrar at the College of Midwives of BC at [registrar@cmbc.bc.ca](mailto:registrar@cmbc.bc.ca) or (604) 742-2234.

Signed at \_\_\_\_\_, British Columbia, on \_\_\_\_\_  
(City/Town) (Date)

\_\_\_\_\_  
*(Signature of Client)*

\_\_\_\_\_  
*(Signature of Witness)*

Midwife: \_\_\_\_\_

\_\_\_\_\_  
*(Print name of Witness)*

Reg. #: \_\_\_\_\_