

## INFORMED CONSENT AGREEMENT FORM

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Patient access to the Appletree Patient Portal is granted by signing the following consent agreement and acknowledging the Terms of Use prior to accessing the service online.

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I, \_\_\_\_\_, request access to the Appletree Patient Portal.

I have read the Appletree Patient Portal Terms of Use Agreement and other information provided to me regarding the Appletree Patient Portal. I have been given the opportunity to ask questions about the service and acknowledge that I understand the following:

- ✓ My use of this service is voluntary and I may withdraw from using this service at any time, which will not affect my patient status at any Appletree Medical Centre.
- ✓ My use of this service will be kept confidential by Appletree Medical Group Inc. and any disclosures of my personal health information through this service will be made only with my expressed consent.
- ✓ Other than for the purposes of administration of this service by the authorized personnel of Appletree Medical Group Inc., its affiliates, and franchisees, no other person will have access to my personal health information through the Appletree Patient Portal, except as permitted to do so with my written consent.
- ✓ Clinical health information available through the Appletree Patient Portal is provided by Appletree Medical Group Inc. at my request for my personal use only and may be subject to verification without notice.
- ✓ Appletree Medical Group Inc., its affiliates, and franchisees assume no liability for the release of clinical health information to me and my use of it.
- ✓ Access to and use of the Appletree Patient Portal is subject to the Appletree Patient Portal Terms of Use Agreement for this service, and I agree to be bound by the aforementioned agreement.
- ✓ I will receive a copy of this signed consent form.

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Name of Patient (First name, Last name) [PRINT]

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Signature

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Date

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Name of Witness (First name, Last name) [PRINT]

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Signature

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Date

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Patient Address

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Daytime Phone Number

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E-Mail Address [PRINT] \*

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Health Card Number  
(if covered under OHIP)

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Date of Birth (mm/dd/yyyy)

\* Your e-mail address will be your user ID and we will communicate with you via this e-mail address. Please add [portalsupport@appletrreemicalgroup.com](mailto:portalsupport@appletrreemicalgroup.com) to you address book so that our e-mails will not end up in your junk mailbox.