



Patient Consent Form

Diabetes Management Systems

As part of your care at the Diabetes Education Centre, the Endocrinology Clinic or the Primary Care Diabetes Support Program, you may choose to use various software programs to aid in the management of your blood glucose levels. There are many different diabetes management systems and most of the companies that supply these systems have related software that is also available for patient use. These systems have different levels of protection for your personal health information.

If you choose to use any of the software related to the various diabetes management systems, you are responsible to review and agree to their specific Terms of Use and Privacy Policy.

Please note, staff only look into a patient's diabetes management systems when prompted. We do not monitor these systems and require a request by the patient for assistance.

I _____ consent to my care team monitoring my blood glucose
(Patient Name)
levels through the software associated with my diabetes management system. This includes uploading
and/or adding my personal health information from my diabetes management system.

Date

Patient or Substitute Decision Maker Signature

Note: Consent can be withdrawn at any time by speaking with your health care provider.