

Other individuals to receive and send e-mail on behalf of health care provider:

Date: _____
(YYYY/MM/DD) PRINTED NAME OF INDIVIDUAL

SIGNATURE OF INDIVIDUAL

Date: _____
(YYYY/MM/DD) PRINTED NAME OF INDIVIDUAL

SIGNATURE OF INDIVIDUAL

Date: _____
(YYYY/MM/DD) PRINTED NAME OF INDIVIDUAL

SIGNATURE OF INDIVIDUAL

Date: _____
(YYYY/MM/DD) PRINTED NAME OF INDIVIDUAL

SIGNATURE OF INDIVIDUAL

TELEPHONE CONSENT

I _____ have spoken with,
PRINTED NAME OF HEALTH CARE PROVIDER OBTAINING INFORMED CONSENT
_____ by telephone as that person
NAME OF PATIENT OR SUBSTITUTE DECISION MAKER

is not available to attend at the hospital to sign the written consent form and communication of the consent form by facsimile or other electronic transmission is not reasonably available. I have obtained informed consent over the telephone for e-mail communication with, _____
NAME OF PATIENT OR SUBSTITUTE DECISION MAKER

Date and Time of Telephone Call:

(YYYY/MM/DD) (HH:MM) SIGNATURE OF HEALTH CARE PRACTITIONER

SIGNATURE OF HEALTH PRACTITIONER WHO HAS WITNESSED THE FULL CONVERSATION WITH RESPECT TO INFORMED CONSENT PRINTED NAME OF HEALTH PRACTITIONER WHO HAS WITNESSED THE FULL CONVERSATION WITH RESPECT TO INFORMED CONSENT