

**PATIENT CARE SERVCES**

**Email collection consent form**

**Patient Consent form for QCH to:**

* **correspond by email regarding upcoming appointments**
* **correspond by email with surveys for Patient Reported Outcome Measures (PROMs)**

Dear Patient,

Queensway Carleton Hospital (QCH) is working with the Ministry of Health to improve your health care services. Patients across Ontario who are having a total hip replacement or a total knee replacement are being asked to complete short surveys about how they are feeling before and after their surgery, at three (3) different times. The same questions are asked each time so we can see the changes over a year.

The survey takes about five (5) minutes to complete and is called Patient Reported Outcome Measures (PROMs).

Your hip or knee survey tells your health care team about your:

* pain;
* functional status (how well you can do your normal daily activities);
* overall quality of life; and
* orthopedic care.

The results across the province are analyzed to let the Ministry of Health know how effective these surgeries are for everyone.

The first survey is completed before your surgery, then at 3-4 months and again at one year after your surgery. All surveys are completed online at home on any device that has a connection to the internet (e.g. desktop computer, laptop, tablet, smart phone). You will receive an email from [ConnectedCare@mychamp.ca](mailto:ConnectedCare@mychamp.ca) saying there is something for you to review in your hospital patient portal account. Your patient portal account is where you can view your scheduled visits, receive test results, etc.

**Today, we are asking permission to collect your email address so that we can send you an email with a link to the survey to be completed at home at three (3) different times (before your surgery, 3-4 months after your surgery, and 1 year after your surgery).** At home, you would insert your OHIP number, then begin the survey.

By signing this consent, you acknowledge that you have read and understood the information contained in it. This signed document will be stored in your health record.

□ I consent to receive correspondence about my appointments

□ I consent to receive the PROMs survey link via email

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|  | |  | | |
| Date: | |  |  | |
| (yy/mm/dd) | | |  |  |
|  | |  |  |
| Name (please print) | | |  | Signature |