

Dr. Robert Banner, Anesthesiologist

Practicing/Specializing in Pain,
Integrative, Functional and Complementary Medicine
MD, CCFP, FCFP, FRCP, Dip CAPM, Dip AAPM, Dip ABIHM
620 Richmond Street, Unit I
London, Ontario, Canada N6A 5J9
Telephone: 519-850-6575
Fax: 519-850-6583

Introduction to the Office of Dr. Robert Banner

Welcome to our office. We hope you find your time here to bring you hope; the staff to be encouraging; and the therapies to be helpful and supportive of your needs as you proceed along your journey to better health.

We are passionate about what we do, and we feel that we have a calling to provide as many people as possible with the highest quality natural health care possible. Just as our services are unique to this region; our financial policies set us apart from mainstream medicine. We have prepared this handout to answer questions you or your family members may have about the rationale for our financial policies. If, after reading this, you still have questions, feel free to speak with our staff.

Up to date Health Insurance Information is Required:

OHIP will not pay for medical visits if the correct health insurance number and version code is not provided at the time of the medical visit. If you have recently changed any of your registration information: i.e., changed address; replaced your OHIP card; moved back to Ontario; changed your name, or married; turned 18 or 65 years of age; it is your responsibility to check with OHIP regarding a change in your version code. OHIP requires a patient to be physically present in the office for visits to be covered.

The Ontario Health Insurance Plan is geared towards conventional patterns of medical practice, which have a simplistic one-problem-per-visit approach. OHIP provides no compensation for additional time required for a comprehensive “Functional Medicine” approach to medical problems, or for unraveling of multiple underlying factors causing complex medical conditions. Patients are expected to have their medical problems addressed in standard general practice visits, which last on the average 6 minutes. Dealing with complex medical problems using a functional medical approach (also called environmental, molecular, biologic, holistic, preventive medicine or systems biology approach) takes more time than OHIP allows for. As a result, the extra time taken will be billed to the patient.

The Ministry of Health and Long Term Care and the Ontario Health Insurance Plan (OHIP) recognizes Dr. Banner as a specialist physician. This is why in order for a consultation to be covered by OHIP, a referral from a physician is required.

Consultations can be arranged without a referral but the appointment is charged according to the schedule below based on the amount of time requested for the appointment. Most new patient visits are 45 minutes.

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Every visit with Dr. Banner utilizes Integrative, Functional and Complementary Medicine and their associated diagnostic and treatment methods. OHIP does not consider these treatment modalities to be an insured service. You will be billed according to the amount of time you have booked and used for your appointment. To make this fair and reasonable for you and to avoid any confusion, fees are billed in 5 minutes increments as recorded on your patient chart. The Reception staff pays attention to your booked time and when you exceed that time, they will let me know that your booked time has been utilized. If you want to use more time, then you will be able to confirm that with Dr. Banner who will follow your wishes. Fees for uninsured services are billed and collected the same day. An example would be as follows:

15 minutes = \$90 30 minutes = \$180 45 minutes = \$270 60 minutes = \$360

These rates are well below the current rate for uninsured services of \$469/hr as recommended by the Ontario Medical Association in their Physician Guide to Third Party and Other Uninsured Services. This fee schedule is applied to all uninsured services including phone consultations. Dr. Banner's pay is based solely on the time you spend with him at your appointment. Like all non-salaried professionals, including lawyers and accountants, Dr. Banner must charge for his time so we can afford to provide you with care and remain in business. The provincial health insurance plan does not cover the cost of telephone consultations. These consultations are sometimes scheduled for the convenience of patients living at a distance from London. Phone consults need to be booked in advance as per regular office visits. They can be booked on short notice as the existing schedule allows. Some patients may have the mistaken impression that Dr. Banner takes home the majority of the fees charged for services and that Dr. Banner has leeway to offer discounts for those fees. In fact, Dr. Banner takes home only a fraction of the fees collected for his services. This is because a clinic like ours requires highly trained staff and extensive, expensive professional continuing education. The majority of our fees support the overall mission of providing high-quality natural health care. Dr. Banner has chosen this work because it is his passion and calling. Most medical doctors who choose to practice integrative/functional medicine know that their income will be substantially lower than it would be if they were practicing in a more conventional manner that is fully supported by the healthcare reimbursement system.

If you need to cancel your appointment, we ask that you give us 24 hours notice. Notice less than 24 hours will be billed to you according to the time we have reserved for your visit. This amount will be payable before your next appointment.

This office does not deal with Automobile Insurance Claims or submissions for payment of treatment plans (Form OCF-18). There will be no exceptions. If you decide after consultation, that you agree with the treatment presented, you will pay for services as they are provided. You will then be responsible to submit for reimbursement yourself.

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The Workplace Safety and Insurance Board of Ontario (WSIB) do not pay for any procedures or therapies Dr. Banner performs. They have stated that any therapy you undertake with Dr. Banner as an individual while under an existing claim may jeopardize that current claim and possibly any future claim. For this reason, Dr. Banner does not see patients who have a current claim with WSIB unless there are extenuating circumstances and the patient is aware of the ramifications of treatment with respect to their claim status.

TRANSFER OF MEDICAL RECORDS

Preparation and transfer of medical records, at a person's request is charged according to the Physician Guide to Third Party and other Uninsured Services. Pages 1 – 5 are billed at \$39.45 and \$1.55 per page thereafter. Lab reports and investigations will be printed for you at no charge at your office visit. For faxing/ mailing copies of lab reports to patients between consultations, the cost is \$15.00.

PRESCRIPTION REFILLS:

Calls/faxes to pharmacies for prescription refills not made during office visits will be charged to your account at \$15.00/service.

I hope this information has been a helpful introduction to Dr. Banner's office. If you have any further questions, the staff should be able to answer them. If not, they will make Dr. Banner aware of your question or concern.

Patient Consent

Please read this document and initial on each page that you have read its contents. Do not sign the form on the final page until you have had the opportunity to satisfactorily discuss any questions or concerns you may have regarding any policy or treatment.

Practice Information:

I understand that the College of Physicians and Surgeons of Ontario (CPSO) has required that I be provided with sufficient information about complementary medicine practice methods to make an informed decision.

I understand that the document "Introduction to the Office of Dr. Banner" contains a description of the various procedures that Dr. Banner utilizes as well as information with respect to the level of scientific acceptance and validity of these procedures. I acknowledge that I have read these documents and I understand that Dr. Banner finds these procedures to be of assistance in his practice although his beliefs may not be shared by mainstream medicine.

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Conventional and Complementary Approaches:

I seek the medical and health care services of Robert Banner, M.D. and his staff. I understand that, in addition to conventional medicine, this medical practice also uses some diagnostic and treatment methods that may be considered “complementary”, “holistic” or “alternative” and which I am interested in exploring in collaboration with Dr. Banner. I understand that there is scientific debate over the efficacy of these tests and treatments. I understand that Dr. Banner must rely upon my observation and feedback, as well as his clinical judgment and experience to evaluate the effectiveness of these tests and treatments as part of in my care. Since these methods have not been accepted by the mainstream medical community, they may be considered by some physicians to be either unnecessary or of uncertain value. Dr. Banner will endeavor to integrate the best research evidence with clinical experience and your values.

Assessment:

Dr. Banner may recommend additional testing (Functional Medicine) and other conventional tests not covered by OHIP (like vitamin D, homocysteine, etc) including blood, hair, urine and stool tests for nutritional status, toxic exposures, chronic infections, etc.

Management and Treatment Suggestions:

Different choices will be appropriate for different patients and Dr. Banner will try to help each patient arrive at a management decision consistent with your values and preferences.

I understand that further assessment and treatment may include; (when Dr. Banner and I think they are indicated) environmental controls, dietary changes (e.g. elimination diet, four day rotation and other diets), nutritional supplements, correction of hormonal or metabolic deficiencies or imbalances, heavy metal detoxification, education about lifestyle changes and medications both prescription and non-prescription. The requirement for any medication I am presently on will be taken under consideration when designing a treatment program for my health and safety. I understand that some of my present medication may never be discontinued whereas some other may be reduced or discontinued under the guidance of Dr. Banner and/or my referring physician.

Practice Type:

I understand that Dr. Banner’s practice is both a hospital-based (anesthesiology) and office based practice (Integrative/Holistic/Complementary Medicine). Dr. Banner does not work in primary care (e.g. for cuts, sprains, colds, etc.). It has therefore been strongly recommended to me by Dr. Banner that, in addition to his care, I maintain a relationship with a family physician for on-going primary care. I understand the Dr. Banner is willing to collaborate with my family physician

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regarding my health. He will therefore give me copies of my laboratory test results and other investigations to take to my family doctor, and will call or receive calls from my physician as needed. I agree to ask my other physicians to keep Dr. Banner informed of significant changes and test results as necessary. I understand that regular follow-up with Dr. Banner is necessary at a mutually agreed frequency. I have been informed that I am to contact Dr. Banner if any problems are encountered during his treatment of me, or if unable to reach Dr. Banner, my primary care physician or the nearest emergency department after office hours. I understand that I am free to discontinue treatment at any time.

Goals:

I understand that Dr. Banner makes no representation, claims or guarantees that I will be helped with my medical problems or conditions by undergoing treatment recommended by him. However, he and his staff will do their best or help me accomplish my personal health care and wellness goals or will refer me as needed to other health care practitioners.

Education:

I understand that from time to time, other health care providers or students may be working with Dr. Banner. These include but are not limited to medical doctors, dentists, osteopathic physicians, homeopathic physicians, naturopathic physicians, nurses, physiotherapists, occupational therapists, massage therapists and cranio-sacral therapists. They will be introduced to you and request permission to be present in the room during your visit. You may decline without any repercussion.

PART A: TREATMENT

I am here to see Dr. Banner for concerns as they may relate to prolotherapy, neural therapy, acupuncture, autonomic response testing, laser therapy or other energy medicine procedures and investigations and/or procedures as they relate to the practice of functional medicine. I authorize him or his delegated staff to treat my concerns as outlined prior to each and every procedure, understanding the risks, benefits and costs of treatment. I understand the nature of this treatment, including the risks of possible complications and choices I may have about other approaches, and I assume those risks about which I have been informed. I represent that I am seeking treatment in order to further my own health and for no other reason, and do not represent a third party. I am aware that I may withdraw this consent and stop treatment at any time.

I have received a conventional diagnosis and been advised of conventional treatment options – including their risks, benefits and efficacy. I understand that complementary/alternative therapies lack supportive scientific evidence in some circumstances but the procedures proposed for my treatment have been explained, as well as the risks, benefits and efficacy. I have the right to choose my practitioner and choose suggested treatment(s) of my own free will. Specifically, I

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have been advised about the benefits and risks of the techniques of Prolotherapy, Neural Therapy, Acupuncture, Autonomic Response Testing (Applied Kinesiology), Therapeutic Laser therapy, Functional Medicine and other energy medicine procedures as they apply to my circumstance.

I have been advised that **Prolotherapy** or Regenerative Injection Therapy (RIT) is an established technique to strengthen tendons and ligaments. The technique requires the injection of a local anesthetic typically with glucose into where the tendon or ligament is attached to the bone. I am aware the procedure has been used on thousands of patients and has proven safe. This procedure may alter and decrease my pain complaints but may not completely eradicate them. The risks and complications of Prolotherapy are: immediate pain at the injection site, allergic reaction to the local anesthetic, bleeding, bruising, pneumothorax (collapsed lung), infection, injury to nerves and muscles at the injection site, temporary or permanent nerve paralysis and possibly no effect from the treatment. Most patients require 4 to 6 treatments per site at intervals of one month.

I have been advised that **Neural Therapy** is an injection technique frequently used to help patients with longstanding pain and other symptoms. Local anesthetic may be injected into both old and new scars, and autonomic ganglia as directed by the technique of autonomic response testing. Neural Therapy has been used for many years in Europe and South America and has proven useful in treating pain and other disorders. Most patients note an improvement in their symptoms within minutes but such an improvement may also take place that evening or the next day. Occasionally, symptoms may worsen for 24 to 48 hours and then get better. Intravenous infusion of local anesthesia (procaine or lidocaine) is also a component of Neural Therapy and may be used. The risks of Neural Therapy are: allergic reaction to the local anesthetic, pain at the injection site, bleeding, bruising and infection. Most patients require between 1 to 4 neural therapy treatments per site.

I have been informed about the treatment of **Acupuncture**. Needles may be placed along traditional meridians or so-called micro-systems, including the hand, foot, ear or scalp. During treatment, needles are inserted and either left for a few seconds or kept in place for up to thirty minutes, depending on the effect required. During this time there may be various sensations in the body and a feeling of relaxation. The acupuncture treatment should not be painful. The needle(s) will be manipulated with small rotations or up and down movements until I feel a “de qi” sensation. Shortly afterward you will feel a sensation usually in the region of the needle being stimulated. This sensation varies from treatment to treatment and amongst acupuncture points. It may be one of the following; warmth, heaviness, pressure, burning, tingling, itching, numbness or aching. The treatment is most effective when both you and I appreciate the “de qi” sensation. The acupuncture needles are sterile, stainless steel disposable needles. The risk of infection is extremely low. Less than 5% of patients may appreciate the sensation of the needle still being present upon removal. This sensation may last for one to two days following treatment. Approximately 5 – 10% of patients who have acupuncture treatment on a specific day will have a sensation similar to fainting. The sensation is not an actual faint or due to fear of needles but is a

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reflection of the use of acupuncture treatment on that specific day for that specific person. Of course, as the needle penetrates the skin, bleeding is a potential complication but is generally not a problem unless the patient is on blood thinners or has a problem with blood clotting. Treatment with acupuncture can produce rapid results but more often it requires a number of treatments over a period of time. Usually treatments are once or twice a week, but they can be less frequent. Sometime the effect is quite dramatic and the patient will only need one or two treatments. Sometimes the effect is subtle and may require treatment for several months. There is, however, usually some change after about 5 treatments. If not, then further acupuncture by me will likely not be effective. This only means that in my hands and with my experience this will not be an effective treatment modality for you.

L.A.S.E.R. (Light Amplification by Stimulated Emission of Radiation) therapy produces a beam of light in which high energies can be concentrated. Non-surgical tissue-stimulating laser devices, with reduced energy outputs relative to lasers used in surgery, are labeled therapeutic lasers and sometimes, cold lasers. Therapeutic lasers as opposed to surgical lasers are used for tissue healing and repair. Pulsed lasers, as the name implies, produce an impulse of light for a very brief duration (nanoseconds). It is the high power level during each pulse that drives the light energy into the target tissue. Even though the pulse peaks at a high power level there are no thermal (heat) effects in the tissue because the pulses are of such extremely short duration. A review of the literature finds that low total dose was the single most significant factor in lack of beneficial effect. The laser light photons produce the therapeutic effect. Photons absorbed by the target tissue produce a change, which results in a biological response (photo-bioactivation). Light energy absorbed in the cytochromes of the cells result in synthesis of ATP, which increases the rate of cell metabolism. Selective stimulation of impaired cells is achieved with no effect on tissues that function normally. There is no effect on cancerous cells. When sufficient energy has been delivered to cause a noticeable tissue reaction in the patient, some patients may report a mild sense of “soreness” that could last a few hours. Some may experience mild tingling or warmth during treatment. Treatment effects are cumulative. If increased irritation, prickling, stinging and temporary increased pain are experienced, the dose should be reduced. Such effects are temporary. The patient cannot be harmed by “overdose”. Most patients require 10 to 12 treatments in total and often 3 to 5 treatments before lasting relief is noted.

PART B: Billing for Uninsured Services

I understand that the Ontario Health Insurance Plan (OHIP) does not cover “complementary” assessment, testing or treatment. I understand that most health insurance plans have clauses that limit coverage to “usual and customary fees for reasonable and necessary services”. Because some of the treatments used by Dr. Banner are generally not recognized by consensus mainstream medicine, I understand that I may not be eligible for coverage for these services and treatments under my supplementary health care insurance policy. I am responsible for the payment of all invoices without regard to insurance coverage. If I do not pay for a service for which I have been billed, no further treatment will be provided until such time as I have cleared my invoice. I will be

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notified prior to any appointment to remind me of my consultation visit or follow up appointment. As per the College of Physicians and Surgeons of Ontario Policy Statement #4-04, if I cancel a follow-up appointment with less than one working day (24 hours) notice before the appointment time or fail to show for an appointment, I will be charged contingent with the time that had been reserved for me. I acknowledge that I have been informed of the costs associated with the provision of uninsured services and agree to these fees before receiving the service. My questions about Dr. Banner's billing policy have been answered. I understand this form will be kept as part of my patient record. I also understand a written statement will be provided with each service and that I will be made aware of any costs before consenting to receive treatment.

PART C: Use/ Release of Medical Information

I/we authorize Dr. Robert Banner to release any information that has been necessary for my care to other health care providers as believed to be beneficial to my care. I also permit Dr. Robert Banner to release or use my information in the publication or presentation for medical education purposes. I acknowledge I will not be specifically identified in such a publication or presentation. This authorization is valid until revoked in writing by me subject to legal and contractual restrictions, which may apply.

Dr. Banner will follow the "Principles for the Protection of Patient's Personal Health Information" as outlined by the Canadian Medical Association. Article 31 of the CMA's Code of Ethics (update 2004) states: Protect the personal health information of your patients. Privacy, confidentiality and trust are cornerstones of the patient-physician relationship. You have a general right to control the use and further disclosure of your personal health information and a right of reasonable access to the information contained in your medical record. Your personal health information will be handled in compliance with applicable federal and provincial privacy laws and professional regulations. Your express consent will be required to disclose any part or all of your personal health information in response to a third-party request (e.g. insurance company, your lawyer) that is not directly related to your health care or treatment. Your personal health information may be disclosed without consent when law requires it. The use or disclosure of your information within members of the health care team directly involved in your clinical care and management will be done solely on a need-to-know basis.

Part D: An Explanation of My Policy With Respect to Prescription Drugs and Nutritional Products

Dr. Banner follows the College of Physicians and Surgeons of Ontario Conflict of Interest Policy regarding the sale or supply of a drug, medical appliance, medical product or biological preparation.

It is Dr. Banner's goal to offer/suggest products that are not only safe and clinically effective, but that also meets or exceeds all applicable regulatory requirements. Whether prescription drugs,

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custom compounded drugs or nutritional products, Quality Assurance and Quality Control assure that the products are produced, packaged, and shipped according to controlled processes. Dr. Banner identifies manufacturers who have adequate process controls in place and can provide legitimate proof that their products are consistently authentic and of the highest quality, meet label claims, and are as free from contamination as possible.

I understand that nutritional supplements and other health relevant health care products are available for sale in Dr. Banner's office by Springforth Inc. for the convenience of his patients. However, I am not obligated in any way to purchase these products from Springforth Inc.

As a service to you, Dr. Banner makes nutritional supplements available in the office. These products come only from manufacturers through considerable research and experience. Dr. Banner determines quality by considering: (1) the quality of science behind the product; (2) the quality of the ingredients themselves; (3) the quality of the manufacturing process; and (4) the synergism among product components. The brands of supplements that we carry in our facility are those that meet our high standards and tend to produce predictable results.

While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability (ability to be properly absorbed and utilized by the body), and effectiveness. The chief reason these products are available is to ensure quality. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

Although vitamins, minerals trace elements, amino acids, herbs or homeopathic remedies are not classified as drugs, they can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individual recommendations regarding the use of these substances in order to upgrade the quality of foods in a patients' diet and to supply nutrition to support the physiological function and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceuticals medications (drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all your healthcare providers fully informed about all medications and nutritional supplements, herbs or hormones you may be taking.

Part E: Functional Medicine Laboratory Testing

The purpose of functional medicine laboratory testing in Dr. Banner's office is to evaluate nutritional, biochemical, or physiological imbalance and to determine any need for medical intervention (lifestyle, nutritional, pharmaceutical). Dr. Banner's office utilizes conventional lab

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tests as well as functional medicine assessment. Some conventional lab tests and all functional medicine laboratory testing are uninsured.

Functional medicine assessment is designed to assist in finding the underlying causes of a medical condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine, and a wide array of scientific disciplines. Functional medicine evaluates the body as a whole, with special attention to the relationship of one body system to another and the nutrient imbalances and toxic overload that may adversely affect these relationships.

Dr. Banner may or may not agree with the necessity for, or the company interpretation of these tests. If you have any questions or concerns, please discuss them with Dr. Banner.

Part F: Physician-Patient Email Communication

Risks of Using Email – Dr. Banner offers patients the opportunity to communicate by email to the office only, not directly to him. Transmitting patient information poses several risks of which you should be aware. You should not agree to communicate with Dr. Banner or his office without understanding and accepting these risks. The risks include but are not limited to the following:

- The privacy and security of email communication cannot be guaranteed. Office email is not encrypted and as such will not be used to initiate changes to patient care unless requested by the patient who gives consent for this to happen via email.
- Employers and online services may have a legal right to inspect and keep emails that passes through their system.
- Email is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the email once it has been sent.
- Emails can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of Dr. Banner or the patient. Email senders can easily misaddress and email, resulting in it being sent to many unintended and unknown recipients.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties
- Email can be used as evidence in court.
- Dr. Banner or his office does not use encryption software as a security mechanism for email communication. Accordingly, email will not be used as a means to make changes in patient care unless so directed and with the permission of the patient.

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Conditions of Using Email – Dr. Banner and his office will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, Dr. Banner cannot guarantee the security and confidentiality of email communication and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of Dr. Banner. Thus, patients must consent to the use of email for patient information. Consent to the use of email includes agreement with the following conditions:

- Emails to or from the patient concerning diagnosis or treatment will become part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel will have access to those emails.

- Dr. Banner may forward emails internally to his staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling. Dr. Banner will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.

- Although Dr. Banner and/or his staff will endeavor to read and respond promptly to an email from the patient, Dr. Banner cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient should not use email for medical emergencies or other time sensitive matters.

- Email communication is not an appropriate substitute for clinical examination.

- If the patient's email requires or invites a response from the physician and the patient has not received a response within a reasonable time period it is the patient's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.

- The patient should not use email for communication regarding sensitive medical information, such as sexually transmitted disease, AID/HIV, mental health, developmental disability or substance abuse. Similarly Dr. Banner will not discuss such matters over email.

- The patient is responsible for informing Dr. Banner of any types of information the patient does not want to be sent by email, in addition to those set out above. Such information that the patient does not want communicated over email includes: _____.

The patient can add to or modify this list at any time by notifying Dr. Banner in writing.

- Dr. Banner is not responsible for information lost due to technical failures

Instructions for Communication by Email – to communicate by email, the patient shall:

- Limit or avoid using an employer's computer

- Inform Dr. Banner of any changes in patient's email address

- Include in the email: the category of the communication in the email's subject line, for routing purposes (e.g., 'prescription renewal'); and the name of the patient in the body of the email.

- Review the email to make sure it is clear and that all relevant information is provided before sending to Dr. Banner.

- Take precaution to preserve the confidentiality of emails, such as using screen saver and safeguarding computer passwords.

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- Withdraw consent only be email or written communication to Dr. Banner
- Should the patient require immediate assistance, or if the patient's condition appears serious or rapidly worsens, the patient should not rely on email. Rather, the patient should call Dr. Banner's office for consultation or an appointment, visit Dr. Banner's office or take other measures as appropriate.

I understand, agree to and will comply with the above noted guidelines with regards to using email communication. I expect this consent form to be reviewed and renewed every 6 to 12 months.

I acknowledge that I have discussed, read and fully understand and agree with this consent form and have had the opportunity to review and discuss the current; Office Policies and Procedures, Website Reference List, Complementary Medicine Handout and Curriculum Vitae (resume) of Dr. Banner.

I have been provided with the opportunity to ask questions regarding Dr. Banner's tests and treatment programs, their risks and benefits as well as "conventional" testing and treatment.

Signature: _____

Patient Initials _____ Date: _____