



## **Mood Disorders Association Psychiatric Walk-In Clinic**

**Medical Director:**  
**Dr. Ronald A. Remick**  
**Tel: 604-682-2344 ext 62121**  
**Fax: 604-263-9334**  
**email: rremick@shaw.ca**

**Medical Consultants: 604-873-0103**  
**Dr. Chris P. Gorman**  
**gorman.chris@gmail.com**  
**Dr. Judy Allen**  
**drjallen@shaw.ca**  
**Dr. Paul Waraich**  
**paul.waraich@gmail.com**

**Dear Patients,**

### **RE: Doctor-Patient Email Communications**

Electronic communication (email, instant messaging, social networks, etc) are the increasing society norm but rare and unusual in physician-patient communications. As we attempt to address this gap by offering email communications between you and ourselves (and hopefully your family physician), it is important to set out some guidelines that will make us more accessible to you but also insure you make what will be additional work for us as easy as possible.

**Please review these guidelines carefully before any future email correspondences with us.** Following these guidelines will insure you get the best care possible and will make it easier for us to assist you.

**1. Identify yourself clearly.** We suggest that you sign your full name and note the date and place (e.g. MDA, St. Paul's, etc) where you saw us as all of us work and see patients at several different locales. Many email addresses do not have your full name and we may have more than one patient named Bob or Mary!

**2. Ensure confidentiality.** We have insured that we are the only ones with access to our specific email addresses. We will be communicating to the email address you provide us information concerning your personal and confidential medical information. It is your responsibility to insure that information stays with you (or, of course, with whoever you wish to share it). Your family physician may be part of our possible three way correspondences if he chooses (A choice we encourage as this will result in far better continuity of care).

**3. All email correspondences must be a response to previous emails.** By emailing us in this way we have the chain of our previous communications with easy access. We are not always at our home based computer where we save and store prior emails, and this way we have the information readily available to help you (e.g. what we suggested two weeks ago, the pharmacy phone number you gave us three months ago when you now have emailed requesting a medication refill, etc.).

#### **4. Help us treat your symptoms.**

**a.** Always refer back to our initial dictated report first if you have questions. This may avoid an unnecessary communication, saving us all time.

**b.** Typically, in the first several paragraphs of our dictated report we describe the symptoms of your illness (e.g. depressed mood, insomnia, low energy, etc). Resolution of those symptoms is our goal. An email telling us you "are no better" does not help us help you. Rather, a statement describing which symptoms are improved, which are worse and which symptoms are unchanged is of great value in tailoring treatment for you.

**c.** Describe the medication and doses you are taking in detail (Not '*the white sleepers aren't working*,' but rather, '*for the last five days I have taken zopiclone 3.75mg at bed in addition to three months of citalopram 40mg in the morning.*'

#### **5. Emailing is not for emergency problems!**

We will attempt to respond to your emails in a timely manner (typically within 24 hours during workdays). If you have a medical emergency it is best to phone 911 and/or proceed to your nearest emergency room.