

**CONSENT TO USE ELECTRONIC COMMUNICATIONS TO PROVIDE PERSONAL TRAINING
OR NUTRITION COUNSELLING SERVICES**

Client Information

Name:

Address:

Email:

Phone:

Service Provider Information

Name:

Company Name (if applicable):

Email:

Phone:

I, _____, acknowledge that in consenting to having _____ (the
“Service Provider”) communicate with and/or provide services through email, phone, and videoconferencing.

I am aware of the following:

1. Risks of using electronic communications

While the Service Provider will use reasonable means to protect the security and confidentiality of information sent and received using electronic communications, because of the risks outlined below, the Service Provider cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Electronic communications are subject to disruptions beyond the control of the Service Provider that may prevent the Service Provider from being able to provide services.
- There may be limitations in the services that can be provided through electronic communications.

2. Conditions of using electronic communications

- While the Service Provider will endeavor to review electronic communications in a timely manner, the Service Provider cannot provide a timeline as to when communications will be reviewed and responded to. Electronic communications should not be used for emergencies or time sensitive matters.
- Electronic communications may be copied or recorded in full or in part and made part of your client file. Other individuals authorized to see your file, such as staff and billing personnel, may have access to these communications.
- The Service Provider will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- Prior to the commencement of the provision of services by the Service Provider through electronic communications, the Service Provider and the client will establish an emergency protocol to address the following:
 - i. Steps to be followed in the event of a technical issue that causes a disruption in the services that are being provided by the Service Provider; and
 - ii. Steps to be followed in the event of a medical emergency that occurs during the provision of services.
- The Service Provider is not responsible for information loss due to technical failures associated with software or internet service provider.
- The client will inform the Service Provider of any changes in email address, mobile phone number, or account information necessary to communicate electronically.
- The Service Provider and client will take precautions to preserve the confidentiality of electronic communications, such as screen savers and safeguarding computer passwords.
- If the client no longer consents to the use of electronic communications by the Service Provider, then the client will provide notice of the withdrawal of consent by email or other written communication.

Acknowledgement and Agreement

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communications as described above. I understand and accept the risks outlined above to this consent form, associated with the use of the electronic communications with the Service Provider and the TransAlta Tri Leisure Centre. I consent to the conditions and will follow the instructions outlined above, as well as any other conditions that the Service Provider may impose regarding electronic communications with clients. I acknowledge and agree to communicate with the Service Provider and the TransAlta Tri Leisure Centre using these electronic communications with a full understanding of the risks in doing so.

I confirm that any questions that I had regarding the provision of services through electronic communications have been answered by the Service Provider.

Name of Client:

Signature of Client:

Date:

