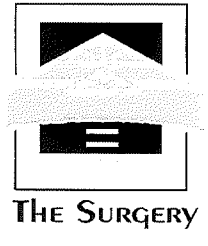


E-MAIL CONSENT FORM FOR NON SECURE E-MAIL



PATIENT NAME: _____ D.O.B: _____

PATIENT E-MAIL ADDRESS: _____

The Surgery requires your written consent in order to send and receive e-mails to you and other health professionals about you. You may revoke this consent at any time by informing us in writing.

- The Surgery cannot guarantee the security and confidentiality of an e-mail transmission. Because of the many internet and e-mail factors beyond our control, we accept no liability for misdelivered, misaddressed or interrupted e-mail. The Surgery is not liable for breaches of confidentiality caused by yourself or a third party
- All e-mails between you and The Surgery will be made a part of your complete medical records
- Please include your full name and date of birth in all e-mails that you send to us
- You are responsible for protecting your password or others means of access to your e-mail account
- Please advise us if you have recently changed your e-mail address
- The Surgery will only use your personal details in an email with other health providers, and will never be passed on without your consent. The Surgery has strong firewalls, spyware and antivirus to ensure your privacy and security.

SIGNATURE OF PATIENT: _____ DATE: _____

SIGNATURE OF STAFF MEMBER: _____ DATE: _____