

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 any e-mail transmissions.
- Because of the many factors beyond our control, we accept no liability for misdelivered, misaddressed or intercepted e-mails.
- The Surgery is not liable for breaches of confidentiality caused by yourself or a third party.
- 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.
- Your personal details will only be used in emails with other health providers.
- Your personal details will never be passed on without your consent.
- The Surgery has a strong firewall and current antivirus and counter-spyware software. While unlikely, these systems are capable of being compromised.

SIGNATURE OF PATIENT: _____ DATE: _____

SIGNATURE OF STAFF MEMBER: _____ DATE: _____