

**THE MERRYWOOD PRACTICE
 PATIENT EMAIL CONSENT FORM ~ AWARENESS OF USE**

Patient name: **Patient DoB:**.....

Patient E Mail Address:

The Merrywood Practice provides patients with the option of communicating with the practice via e-mail for NON-URGENT concerns. For issues that need prompt attention, call the practice on 944 9750
 It is possible that e-mail can be retrieved and read by persons outside Health Services when sent via personal e mail addresses. We recommend that you use methods to secure e-mail transmissions. Please be aware that e-mails will be printed and become a part of your *permanent* medical record.

Please observe the following procedures:

- E-mails to the practice must include your legal name and date of birth.
- Always reply to e-mails from the practice so that we know you received our message.
- **DO NOT USE E-MAIL FOR EMERGENCIES**, situations that are complicated or require a quick response.
- If after corresponding by e-mail, you feel your situation has changed and you need a more immediate response, please call the Health Centre
- Please be brief and to the point.
- Save copies of the e-mails you receive from the practice

I confirm I wish to receive and send communication with The Merrywood Practice by email and I understand that:

- it is my request to use email;
- email is not a totally secure system for sending and receiving information;
- no emails with urgent messages will be sent.
- when sending emails I will not identify any 3rd party by name
- emails may also be printed and stored in my clinical records;
- no emails – either sent by me or the staff member – will be forwarded to anyone else without consent of either party;
- any decision by either me or the practice to stop the use of email will be respected. Any resumption will therefore require a new Consent Form.
- Tick below if you **DO NOT** wish to receive other practice communication that is not related to your health care

I DO NOT wish to receive practice communications that are not directly related to my health

Acknowledgement:

I understand and agree that e-mail communication is not perfectly confidential, and I assume all risks that the medium may present, including without limitation, hacking, electronic interruption or interception by persons known or unknown, local or not, the distribution of personal information so gained on the internet or campus intranets, and any other risk to my privacy, personal information or other e-mail communication.

By signing this form, and using e-mail to communicate with The Merrywood Practice, I acknowledge that I have read, understand, and freely accept the risks of using e-mail as means of communication, and agree to follow the above procedures for e-mail communication. I understand and agree that failure to follow the rules may result in a permanent refusal by The Merrywood Practice staff to communicate with me via this medium.

Print Patient Name:

Signature:

Date: