



Patient Email Consent Form

Lockridge Medical Centre offer patients the opportunity to communicate by email for non-urgent matters or to request unencrypted PDF Document of personal health information. This form provides information about the risks of email and guidelines for email communication.

RISKS

Communication/ sending of unencrypted medical document through e-mail has a number of risks which include, but are not limited to, the following:

- E-mail can be circulated, forwarded and stored in paper and electronic files.
- Backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.
- E-mail can be received by unintended recipients.
- E-mail can be intercepted, altered, forwarded or used without authorization or detection.
- E-mail can be used to introduce viruses into computer systems.

You should not communicate with Lockridge Medical Centre via email if any of the above risks concern you.

GUIDELINES FOR EMAIL COMMUNICATION

- Include the general topic of your message in the subject line of the e-mail (e.g. lost referral).
- Include your name, date of birth, phone number in the body of the email
- The content of the email should only be used for non-sensitive and non-urgent issues.
- The email message should not be time sensitive. Lockridge Medical Centre endeavour to read and respond within 72 hours to any e-mail. However, we cannot guarantee that any email will be responded to within any particular time.
- Inform Lockridge Medical Centre of changes to your email address.

Please complete all the fields marked with asterisks []:*

***Patient Name:**

***Date of Birth:**

***Phone number:**

***Email address:**

I acknowledge that I have read and fully understand this consent form. I understand the privacy risk for using unencrypted email and agree to give my consent for email communications to and from Lockridge Medical Centre.

***Patient Signature:** _____

***Date:** _____