



## Patient Email Consent Form

E-mail is one of the most prevalent and convenient forms of communication. Talunga Clinic often receives requests from patients, other clinicians and third parties to send health information via e-mail.

As all health information is sensitive by nature, all communication of health information including via electronic means, must adequately protect the patient's privacy.

This form provides information about the risks of email and guidelines for email communications.

### RISK

Communication by email has a number of risks which include, but are not limited to the following:

Email

- can be circulated, forwarded and stored in paper and electronic forms
- can be received by unintended recipients
- can be intercepted, altered, forwarded or used without authorisation or detection

You should not communicate with Talunga Clinic via email if any of the above risks concern you.

### GUIDELINES FOR EMAIL COMMUNICATION

When communicating with Talunga Clinic via email, we ask that you

- include the general topic of your message in the subject line of the email (eg. Appointment)
- include your name, date of birth and phone number
- make sure that the email message is not time sensitive as Talunga Clinic will respond as soon as possible, but cannot guarantee an immediate response
- inform Talunga Clinic of any changes to your email address

### INFORMED CONSENT

*I acknowledge that I have read and fully understand the above information. I understand and give consent for email communications to and from Talunga Clinic. I understand I can revoke this consent at any time, in writing.*

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_