



Consent for Email Communication

Patient Details

Given Name:
Family Name:
Date of Birth:
Address:

Central Gippsland Family Practice offers patients/Guardians the opportunity to communicate by email. This form provides information about the risks of emails, condition for use of email communication and how email communication will be used. It will also be used to document your consent to communicate with you by email.

Risks

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

- Central Gippsland Family Practice cannot guarantee that any particular email will be read or responded to in a particular time frame
- Email can be circulated, forwarded and stored in paper and electronic files.
- Backup copies of emails may exist even after the sender or the recipient has deleted his/her copy
- Email senders can easily misaddress an email or email be received by unintended recipients.
- Emails can be intercepted, altered, forwarded or used without authorization or detection.
- Employers and on-line services have a right to archive and inspect emails transmitted through their system.

Condition for the use of Email

Central Gippsland Family Practice will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, Central Gippsland Family Practice cannot guarantee the security and confidentiality of email communication and Central Gippsland Family Practice will not be liable for the inadvertent disclosure of confidential information.

Email is not appropriate for urgent or emergency situations, nor is it a substitute for care that may be provided during a face-to-face visit or a telephone/telehealth consultation.

Your Responsibility

- Informing the health care professionals of any email address changes
- When emailing, a health care professional, I will:
 - a) Put the patients name, date of birth in the body of the email, not in the subject line.
 - b) Include the general topic of the message in the email subject line. For example, "advice" or "appointment".
 - c) Contact the health care professional's office via alternative communication methods (phone, letter etc.) if a reply is not received within reasonable period of time.
- I will not use email for communication regarding sensitive medical information
- I am responsible for informing the health care professional of any types of information that I **do not** want sent by email.
- I am responsible for protecting my password or other means of access to email. Central Gippsland Family Practice will not be liable for breaches of confidentiality cause by myself or any other third party.

Collection Notice

The *Commonwealth Privacy Act 1988* protects personal information held by Australian healthcare organizations.

- Email communication between myself and the healthcare professional will be printed and filed in my patient medical record. As emails constitute part of the medical records, other individuals authorized to access the medical record will have access to those emails.
- Email messages from myself may also be delegated to another health care professional or staff member response. Administration staff may also receive and read or respond to my emails.

Patient/Guardian agreement and acknowledgment

I have read and fully understand this consent form. I understand the risks associated with the communication of email between Central Gippsland Family Practice and myself. I consent to the condition for the use of email outlined above as well as any other instructions Central Gippsland Family Practice may communicate to me.

Patients email address: _____

Patients/ Guardians full name: _____

Signature: _____

Date: ____/____/____

At any time, you can withdraw your consent by contacting Central Gippsland Family Practice on 51279800.