

# CROCUS MEDICAL PRACTICE



## E-mail Consent Form

Crocus Medical Practice offer's patients the opportunity to communicate by e-mail for non-urgent matters.

This form provides information about the risks of email communication.

### RISKS

Communication by 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 Crocus Medical Practice via email if any of the above risks concern you.

**I CONSENT/ DISSENT** to the practice contacting me by email for the purpose of health information and appointment reminders. I will ensure that I keep the practice informed of my up to date email address at all times, or if the email is no longer in my possession.

Please tick the box: **I CONSENT**

**I DISSENT:**

<b>First Name:</b>	
<b>Surname:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Email Address:</b>	
<b>Signed:</b>	
<b>Date:</b>	

<b>Taken in by:</b>	<b>Date:</b>	<b>Registered by:</b>