



Patient Email Consent Form

Noosa Clinic offers patients the opportunity to communicate by email for non-urgent matters. This form provides information about the risks of email and guidelines for email communication.

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 films.
- Back up copies of email may exist even after the sender or the recipient has deleted his/her copy.
- Email can be received by unintended recipients.
- Email can be intercepted, altered, forwarded or used without authorization or detection.
- Email can be used to introduce viruses into computer systems.

You should not communicate with Noosa Clinic 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 email (eg. Appointment)
- Include your name, date of birth and phone number.
- The consent of the email should only be used for non-sensitive and non-urgent issues.
- The email message should not be time sensitive. Noosa Clinic will try to respond as soon as possible, not within any particular time.
- Inform Noosa Clinic of changes in your email address.

Please complete all the fields marked with asterisks ():*

***Patient Name:** _____

***Phone Number:** _____

***Email Address:** _____

I acknowledge that I have read and fully understand this consent form. I understand and agree to give consent for email communications to and from Noosa Clinic.

***Patient Signature:** _____ ***Date:** _____