**Preston Park Surgery - Patient Consent for Email Communication:**

I choose to make use of the email communication service with the Preston Park Surgery.

I confirm that I understand that these communications;

* May include information about appointments, services, clinics and screening programmes that may be offered by the Surgery or the NHS.
* May include clinical information (including test results), medical advice and letters with confidential personal and medical information (as would have previously been sent by post).
* May include requests to complete questionnaires about health, lifestyle, administration issues, medications etc. in order to simplify our systems and reduce the need for patients to visit or call the surgery.

Emails received directly from the surgery will come from the address: s.prestonparksurgery@nhs.net.

Emails received from the practice website will come from the address: noreply@prestonparksurgery.co.uk

I would like to communicate with Preston Park Surgery by email. I understand that internet email is not a secure medium. I understand that there is a possibility that my emails and the responses could be intercepted and read by someone else as currently emails between private and NHS email addresses are not encrypted. I will bear this in mind in deciding how much information to seek and how much information to disclose by email.

I understand that this is not a clinical consultation service and if I require clinical advice or attention I should contact the practice directly.

We strongly recommend that you use a private email account, not a family or shared account to avoid the risk of confidential information being viewed by third parties. Onward forwarding of this information sent via email is at the risk of the patient. It is the patient’s responsibility to update contact details if they change.

Emails are only reviewed and processed by members of the practice team who follow strict confidentiality and data protection guidelines. All your data is held securely within the NHS data base and via encrypted protection on our website. We will never disclose your details to Third Parties.

|  |  |
| --- | --- |
| Patient name: |  |
| Date of Birth: |  |
| Patient Signature: |  |
| Date: |  |
| My email address for communication is: |  |

[ ]  This is my email address [ ]  This is the email address of a nominated person

|  |  |
| --- | --- |
| Name of nominated person (if applicable): |  |
| Relationship to patient (if applicable): |  |