Bradford on Avon & Melksham Health Partnership

**E-MAIL COMMUNICATIONS**

The Practice would like to offer our patients the opportunity to receive correspondence from the Surgery by e-mail. To provide consent for the Practice to do this, please complete the tear off slip below, hand to reception and show the receptionist a form of photo identification - driving licence or passport.

**How we will use your e-mail address**

1. We will limit e-mail correspondence to patients who are 18 years or over.
2. We will use e-mail to communicate with you only basic information which is also non-urgent, such as (but not limited to): annual appointment invitations for patients with long-term conditions, bi-monthly practice newsletter, flu vaccination information if you are at risk, requests to make an appointment following receipt of a hospital letter or following a test result and any relevant referral paperwork.
3. Any e-mails we send will be recorded in your medical record.
4. We will not disclose your e-mail address to anyone outside the practice.
5. We will include the initials of the surgery (BOAMHP) and the topic of the message in the ‘subject’ line of the e-mail, for example ‘BOAMHP-Newsletter’ or ‘BOAMHP-Appointment’.

**Your responsibilities**

1. When consent has been recorded in your medical record, you will receive an e-mail with the subject line ‘Patient Record Email Verification’. You will need to respond to this e-mail before any e-mail communication can be sent to you from the Practice.
2. This e-mail communication is not intended to be used as a form of two-way communication and therefore please do not reply to any e-mails. Please instead contact the practice in the normal way (by telephone or by visiting the surgery). It is especially important to not send an e-mail when in a medical emergency.
3. Take precautions to protect the confidentiality of your e-mail account, such as regularly up-dating your password.
4. Inform the surgery of changes in your e-mail address (photo ID will be required to do this at Reception OR your identity can be verified by the Nurse/Doctor at your next appointment)
5. The surgery will not be responsible for any breach of information should you share with someone else the content of an e-mail you have received from the Practice or if someone else gains access to your e-mail account. It is your responsibility to ensure your e-mail account/password is confidential and personal to you.
6. If at any time you wish to stop receiving e-mails from the Practice, simply reply to an e-mail with the word ‘STOP’ and we will amend your record to reflect this.

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**CONSENT FOR E-MAIL COMMUNICATION**

First Name: …………………………….. Surname:…………………………..

Date of Birth:…………………………..

I have read this information and confirm I am happy for the surgery to contact me by e-mail, using the following e-mail address, for the purposes as already stated above:

……………………………………………@............................................Today’s date: ………………..

**Office use only:** Photo ID presented ❑ OR Verified by Doctor/Nurse ❑

Code consent received XaRFI in patient record ❑ scan consent slip ❑ Revised: 11.9.14/MC