**Consent form for receiving communications via Email**

Patient consent for email communication - I understand that I choose to make use of the email communication service with Gwrych Medical Centre.

I confirm that I have had explained to me by Gwrych Medical Centre how this email communication works and the type of communication that can take place via email. I also confirm that I have read and will comply with the requirements outlined in the patient information leaflet / fact sheet.

I would like to communicate with Gwrych Medical Centre 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. I will bear this in mind in deciding how much information to seek and how much information to disclose by email. I understand that if I require urgent clinical advice or attention, I should contact my GP.

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): ……………………………………………………..

Patient’s name: …………………………………………… Date: \_ \_ / \_ \_ / \_ \_ \_ \_

Patient’s signature: ………………………………………………………………………….

On behalf of Gwrych Medical Centre

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_