**EMAIL CONSENT**

Many people use email as a convenient form of communication. However, email is not considered a secure form on communication, which is an important consideration when transmitting patient health information.

As a result, MacEwan Medical Clinic will not accept any form of email communication regarding patient care without prior consent from the patients or their families. Any communication received without this consent will be immediately discarded

This form will allow patients and their families to give their consent to email forms, assessments, etc to MacEwan Medical Clinic.

The following statement will appear in future email communication:

*“This message is intended only for the use of the addressee and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is prohibited by law. If you have received this communication in error, please notify MacEwan Medical Clinic at (403) 455-8382. This communication is for administrative purposes only. Your child's pediatrician will not be responding to emails, including request for medical diagnosis or information."*

As the parent/guardian, I acknowledge that email is not a secure form of communication and agree that MacEwan Medical Clinic will not be held accountable for any dissemination of information resulting from email communication.

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Patient Name Parent/Guardian’s Name

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Date of Birth Parent/Guardian’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**