



## HealthyEmail Consent Agreement

I acknowledge that (doctor's name) and I discussed today the opportunities and benefits of using email to conduct some of our communications with each other.

I have been informed of the guidelines of the HealthyEmail program that the doctor participates in to ensure information about my health record will always be kept private and secure.

In addition, the doctor and I have discussed the policies and procedures he/she follows in using email communications. I have been given an information sheet on those policies and procedures.

I understand this consent form, the information sheet and copies of any email we exchange about my health record will become a part of my medical file.

I agree to abide by the policies and procedures set by my doctor for email communications and will use email for non-emergency purposes only.

My current email address is \_\_\_\_\_  
(Please print)

Print full name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_