

**Personal Information by Email Consent Form**

**Couple details (please both complete and sign this form)**

<b>Name:</b>	<b>Name:</b>
<b>Patient No:</b>	<b>Patient No:</b>
<b>Address:</b>	<b>Address:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<i>Please provide one email address:-</i>	
<b>Email address:</b> _____	

The purpose of this form is to inform you of the risks when requesting your personal information to be sent to you electronically and for you to provide your consent for information to be exchanged by email. Also, please find a list of our intentions to keep your information secure to the best of our ability using this method of transferring your information.

**Risks:**

- ❖ Any information transferred out of the Trust’s network is **NOT SECURE**.
- ❖ Your personal information will be open to physical access by hackers or other cyber products that have the ability to intercept emails without authority.
- ❖ Your personal information could be intercepted by other family members or friends who have access to your email account.
- ❖ The Trust cannot be held responsible for the security of your personal information coming into and going out of our network in this case.
- ❖ There is no guarantee that the information sent has not been changed before receipt.
- ❖ The confidential email(s) sent could be forwarded to other members of the Public.
- ❖ Your personal information will not be encrypted or sent in a locked file format due to software issues and cost implications.
- ❖ You will not be informed of the exact date the information is sent. It is your responsibility to retrieve the information.

**Trust assurance:**

- ❖ A review of the information requested will be carried out and the Clinician/Trust reserves the right not to email the information if deemed inappropriate or sensitive.
- ❖ A copy of the information sent will be retained in your Health Record and the origin of the information will be verifiable.
- ❖ The subject of the email will be marked “**WITH YOUR NAME**” and ‘**PRIVATE & CONFIDENTIAL**’.
- ❖ The information will only be sent from **khn-tr.kingstonacu@nhs.net**

**We have requested that Kingston Hospital NHS Trust send our confidential personal medical information to us via email. We have read and understood the risks associated with this, as detailed above.**

Patient Signature: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please tell us if you change your email address or no longer want us to email you**

*For internal use: scan Consent Form & save in patient’s EPR*