



Children's Health Queensland  
Hospital and Health Service

## Consent for Email Communication

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  I

Children's Health Queensland offers patients/guardians the opportunity to communicate by email. This form provides information about the risks of email, conditions for use of email communication and how email communication will be used. It will also be used to document your consent to communicate with you by email.

**Patient's name:**

**Patient / Guardian email address:**

### Risks

Communication by email has a number of risks which include, but are not limited to, the following:

1. The health care professional cannot guarantee that any particular email will be read or responded to.
2. Email can be circulated, forwarded and stored in paper and electronic files.
3. Backup copies of email may exist even after the sender or the recipient has deleted his/her copy.
4. Email senders can easily misaddress an email or email can be received by unintended recipients.
5. Email can be intercepted, altered, forwarded or used without authorisation or detection.
6. Employers and on-line services have a right to archive and inspect emails transmitted through their systems.

### Conditions for the use of Email

1. The health care professional will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the health care professional cannot guarantee the security and confidentiality of email communication, and Children's Health Queensland will not be liable for the inadvertent disclosure of confidential information.
2. Email is not appropriate for urgent or emergency situations, nor is it a substitute for care that may be provided during a face-to-face visit or a telephone/telehealth consultation.
3. I will inform the health care professional of email address changes.
4. When emailing a health care professional, I will:
  - (a) Put the patient's name, date of birth and patient record number (URN) in the body of the email, not in the subject line.
  - (b) Include the general topic of the message in the email's subject line. For example 'advice' or 'appointment'.
  - (c) Contact the health care professional's office via alternative communication methods (phone, letter etc) if a reply is not received within a reasonable period of time.
5. I will not use email for communication regarding sensitive medical information.
6. I am responsible for informing the health care professional of any types of information that I do not want to be sent by email.
7. I am responsible for protecting my password or other means of access to email. The health care professional is not liable for breaches of confidentiality caused by myself or any third party.

### Collection Notice

1. Queensland Health is required to manage my personal information in accordance with the *Information Privacy Act 2009* and the *Hospital and Health Boards Act 2011*. Queensland Health (QH) is collecting the personal information on this form for the purpose of facilitating email communication between patients/guardians and their health care professional.
2. Email communication between myself and the health care professional will be printed and filed in my patient medical record. As emails are a part of the medical record, other individuals authorised to access the medical record will have access to those emails.
3. Email messages from myself may also be delegated to another health care professional or staff member for response. Administration staff may also receive and read or respond to my emails.
4. Some of my personal information on my medical record may be given to carers, guardians or other government departments who provide associated services that require my information for the purpose of providing a health care service. My information may be disclosed without my consent if authorised or required by law. For further information I can ask for a copy of the *Queensland Health Privacy Brochure*.

### Patient/Guardian Agreement and Acknowledgement

I have read and fully understand this consent form. I understand the risks associated with the communication of email between the health care professional and me. I consent to the conditions for the use of email outlined above, as well as any other instructions the health care professional may communicate to me.

**Patient / Guardian's name:**

**Patient / Guardian's signature:**

**Date:**     /     /

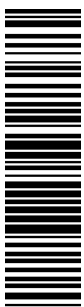
**STAFF USE ONLY**

Entered into HBCIS by:

Date:     /     /

DONOTWRITEINTHISBINDINGMARGIN

v9.00 - 02/2026



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