

Withdrawal of Consent for Electronic Communication

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by, unauthorized third parties.

However, you may consent to receive emails from us containing your personal information. You may also consent to Berri Medical Clinic using unencrypted email to communicate your health information that includes individually identifiable, confidential information to a third party.

The Berri Medical Clinic will only share the minimum essential information required in any communication both with you and / or a third party.

You may reinstate your consent at any time.

☐ I withdraw my consent to the transmission of my personal, individually identifiable, confidential information to **myself** via email. I understand I can reinstate my consent at any time.

☐ I withdraw my consent to the transmission of my personal, individually identifiable, confidential information to an authorised **third party** via email. I understand I can reinstate my consent at any time.

Print name of Patient: _____

Patient Date of Birth: _____

Name of Guardian: _____

Signature: _____

Date: _____

My email address is: _____