

 2 Angus Street, Malanda Q 4885

 Phone 40965355 Fax 40965100

 reception@malandamedicalcare.com.au

**SMS/Email/Electronic Communication Policy**

At Malanda Medical Care we are working towards a paperless practice. We would like to increase our use of SMS and email for the transfer of information between ourselves, our patients and their treating health professionals.

We would like your consent for information to be transferred using electronic technology. We acknowledge there is always a very small risk that security may be breached. However, the risks of using SMS or email for the transfer of information are likely to be similar or less than that of other methods of information transfer such as fax or post.

**Patient Consent**

I have confirmed my current phone number and email address with the practice. I agree to the use of SMS and email for the transfer of information between myself and the practice.

I will keep the practice updated with changes to my phone number and email address.

I consent to the following forms of electronic communication:

**SMS**

1. **Appointment reminders:** We will send you an appointment reminder the working day before your appointment asking you to confirm whether you will attend or not.
2. **Clinical reminders:** We will send you an SMS message to remind you of any clinical reminders you may need to see your doctor about for example vaccinations due.
3. **Clinical communication:** We may send you an SMS message with any necessary investigation results or other clinical information.
4. **Health awareness:** We will send you an SMS message with relevant or important information about the services the practice provides such as changes to hours.
5. **Prescriptions:** pathology/imaging requests.

**Email**

1. **Document transfer**: Letters, medical certificates and results emailed to you at your specific request.
2. **Specialist/ allied health referrals**: Secure email delivery of correspondence to specialist/ allied health providers.
3. **Prescriptions**



I consent to Malanda Medical Care using SMS/email/electronic communication as a means of contacting me as per the practice policy. I have read and understood the practice policy in regards to electronic communication.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Children/dependents who have the same SMS number or email recorded on their medical file. Please provide details if you give the same consent for the child/dependent.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **Name** | **DOB** |
|  |  |  |  |
|  |  |  |  |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**