

PATIENT CONSENT FOR E-MAIL COMMUNICATIONS

It is Island Health's understanding that you would like us to communicate with you via e-mail. Prior to using e-mail communications that may contain your protected health information, Island Health needs to advise you that there may be some level of risk that information in an unencrypted e-mail communication could be read by a third party.

If you have any questions about this form or about our communications with you about your protected health information, you may speak with Island Health's Privacy Officer. Call 360.299.1300 and ask to be transferred to the Privacy Officer.

I, the undersigned, consent to e-mail communications with Island Health and its providers about my protected health information and I understand the risks associated with using e-mail communications. I will inform Island Health in writing if I no longer wish to communicate with Island Health via e-mail.

E-Mail Address

Patient Name (Print)

Patient Date of Birth

Patient Signature

Date

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