

Please use a black pen to complete this form



Email, SMS and Research Privacy Consent

True Relationships & Reproductive Health (True) requires your consent if you would like the clinic to communicate with you via email and/or SMS.

For the purpose of this consent form, email refers to both SMS and email communication. Please select your preferred method and mode of contact/s. You can change this at any time. This form also asks for your consent for research purposes and the use of de-identified client information in certain circumstances. To read True's *Privacy and Confidentiality Policy*, refer to our website at www.true.org.au

Client name: _____

Client DOB: _____

Tick agreed method/s of contact & details:

Client SMS number: _____

Client email address: _____

Risk of using email

Transmitting your information by email has a number of risks that you should consider. These include but are not limited to, the following:

- Email can be circulated, forwarded, stored electronically and on paper and broadcast to unintended recipients
- Email senders can easily incorrectly address an email
- Backup copies of email may exist even after the sender or the recipient has deleted his or her copy
- Employers and online services have a right to inspect email transmitted through their systems
- Email can be intercepted, altered, forwarded or used without authorisation or detection
- Email can be used to introduce viruses into computer systems

Recommended use of patient-to-provider email at True

Patient-to-provider email communication between you and True will be limited to:

- Sending results
- Sending your results to another healthcare provider (outside True)
- Updates to your personal information

Conditions for the use of email

True cannot guarantee but will use reasonable means to maintain security and confidentiality of email information sent and received. True and you consent to the following conditions:

- You will not communicate with True via email for urgent or emergency situations.
- True will not use email in place of a consultation with you.
- You understand that email communications between you and True may be recorded on your file.
- True clinical and/or administration staff may receive and read or respond to your messages.
- True will not forward patient-identifiable emails outside of True without your prior written consent, except as authorised by you or required by law. Refer to True's *Privacy and Confidentiality Policy*.
- You and True will not use email to book appointments. You must call the clinic reception if you require an appointment.

Conditions for use of de-identified information for research purposes

At times True may use some of your client information (age, gender etc.) for the purpose of research, both from an internal perspective and in a partnership with an external agency (University etc.). The use of this information is contained in True's *Privacy and Confidentiality Policy* which can be accessed via our website at www.true.org.au. No identifying information will be shared or contained in any research projects that True undertakes. If you wish to opt out at any time, contact True and express this in writing.

Client acknowledgement and agreement

I, _____ (print full name) acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email between True and me. I consent to the conditions and instructions outlined here as well as any other instructions that True may impose to communicate with me by email.

Client's signature: _____

Date: _____