WOODCOTE medical

Generic Email Agreement

Patient's Full Name:	**Date of Birth:**
Home Address: **Post Code:**	**Home Number:** **Mobile Number:**
Reason why Email is required:	

Terms and Conditions:

1. This email address is for **NON-URGENT** communications only.
2. It is for administrative purposes only and **NOT** clinical. However, we do reserve the right to request this be discussed in person and that email may not be appropriate on this occasion.
3. It does **NOT** require a response in less than 2 working days.
4. You will inform of us of any change of email address
5. Should any other person have access to your emails then Woodcote Medical will **NOT** be held responsible for disclosure of confidential medical information.
6. Woodcote Medical reserve the right to withdraw this email facility if we feel it is being inappropriately used.
7. If your email does **NOT** fulfil the abovementioned criteria your email will not be responded to and you will have to get in touch with us by either phone / in person / website (www.woodcotemedical.nhs.uk)

By signing this form you agree to comply with the above terms and conditions.

Email address (PLEASE PRINT):	
Signed by patient:	**Date:**

Office Use

Date Received: **Approved by:**

Please sign and return this form to the surgery marked for the attention of Mrs Gill Biju, Practice Manager. Should your request be accepted then we will send you a confirmation email, otherwise we will write to you at the above home address to advise you it has been unsuccessful.