



PIVET MEDICAL CENTRE

*The Miracle Of Life*

## EMAILING RESULT/CORRESPONDENCE

Medical practices are increasingly using electronic communication to correspond with patients and other health professionals. For patient convenience and timely follow up of results the clinic has implemented an emailing system for investigations that require minor follow up or treatment. This will enable the patient to have attended any minor follow up investigations or treatment with antibiotics or other medication prior to reviewing results formally with the doctor at the next scheduled appointment. Emails will provide the patient with the type of test that requires follow up, information sheets or links and instructions regarding follow up.

### CONSENT TO RECEIVE EMAILS FOR RESULTS AND FOLLOW UP

**\*\*The clinic will use the email address you currently have registered with PIVET for results emails. If you wish to check this address or provide an alternative address for the clinic to use please see a member of reception staff.\*\***

Patient sticker

Partner sticker

#### I acknowledge:

- communications will not contain results that only the Consultant should be divulging in a follow-up appointment, i.e. highly abnormal results, education concerning a new diagnosis, etc
- If I do not understand or require any further information to be provided regarding my results I am to contact a member of the nursing staff or book an appointment with my Doctor.
- If I am required to attend for a follow up consult to discuss my results I will be advised to do so and of the urgency in when to book an appointment.
- I will be expected to notify PIVET Medical Centre in writing should I no longer wish to receive email communications.
- It is my responsibility to keep my email address up-to-date with PIVET Medical Centre reception staff and notify them of any changes.
- PIVET Medical Centre does not recommend that you use a shared email address for purposes of communication, as there may be some information that you do not wish to share with others.
- Please be advised that if you choose to use a work email address, that your employer may have the legal right to inspect and keep emails that pass through their system. There may be information that you do not wish to share with your employer.

I have read the above information provided by PIVET Medical Centre and have had the opportunity to discuss any concerns with the staff.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Partner signature: \_\_\_\_\_



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## EMAILED TREATMENT CYCLE RESULTS - INFORMATION FOR PATIENTS

Treatment cycle results at PIVET Medical Centre are provided via email. Please read the below information.

Emailing results will provide the patient with:

- an email detailing the hormone levels and a short description of what these levels mean and instructions of what is required from those results.
- a formal description of medication instructions and when to return for blood tests and ultrasounds
- a copy of the results that can be referred back to at any time.
- an ongoing record of hormone results during their treatment cycle
- The results emails will be sent from a no reply email address. It is important that if patients do not understand the content of their email that they contact the clinic prior to 5pm and speak to a member of the nursing team for clarification.

## CONSENT TO RECEIVE EMAILED TREATMENT CYCLE RESULTS

Name [printed]: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**\*\*The clinic will use the email address you currently have registered with PIVET for results emails. If you wish to check this address or provide an alternative address for the clinic to use please see a member of reception staff.\*\***

I have read the above information provided by PIVET Medical Centre and have had the opportunity to discuss any concerns with the staff.

### I acknowledge:

1. That by consenting to this form it is my responsibility to ensure I have checked my email inbox and read my instructions before the clinic closes at 5pm.
2. That it is my responsibility to phone the clinic before the end of business hours (5pm) to speak with a nurse if I do not understand the instructions provided to me in my email.
3. That my results are sent from a no reply email address and if I send a reply email this will not be seen by clinic staff or responded to.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_