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SURGERY HOURS
By appointment only

Permission to use personal email address for personal information

In signing this document I am giving permission to Tennant Street Medical Practice to send copies of my personal health notes to the email address below.

I understand that in sending the email Tennant Street Medical Practice will apply encryption using NHS mail but that the Practice cannot be held responsible if the information is accessed by someone other than myself once it has been delivered to my personal email inbox.

Please write clearly – we will not send emails to addresses that are not 100% legible. Please ensure that the information below matches the information on your health record. We will not send emails if the information provided does not match the information we hold on record for you.

Name: _____

Date of birth: _____

Home Address: _____

Email address: _____

I give the practice permission to store my email address securely for future use:

Yes No

Signed: _____