

# Newcastle General Practice

## Email Waiver

I \_\_\_\_\_, request for my convenience that Hunter Health Hub correspond with me and any health professionals who are involved in my health care by email. I understand that emails sent to me or health professionals involved in my care may contain protected health information.

I further understand that email and email attachments are not secure and may be viewed by others. I agree to hold Hunter Health Hub, Doctors, Nurses, and all employees of Hunter Health Hub from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising from the transmission of email correspondence and attachments.

I hereby direct Hunter Health Hub to send all emails to my email address:

\_\_\_\_\_ and/or to the email addresses of any health professionals involved my care which have been provided by the said health professionals to Hunter Health Hub.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_  
Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.