



E-Mail Communication Consent

MR# _____
(Office use only)

I choose to have the ability to communicate with my health care providers at Health Services through the use of e-mail. I understand and agree that:

- E-mail is not to be used for urgent communications. My provider(s) will attempt to answer e-mail within 2 business days of receiving it. If my UNH provider is not able to respond to my e-mail request within a time period that meets my needs, I will contact Health Services by phone at (603) 862-1530 or call my team nurse during the week (the phone number is on the team card) during the hours of 7:30 AM - 4:30 PM, Monday, Tuesday, Thursday, and Friday, 7:30 AM - 7:30 PM Wednesday, or 12 - 4 PM Saturday or Sunday during the academic year. Also, during the academic year, if I call this same number after hours I will reach and be able to speak with an emergency room nurse at Wentworth-Douglass Hospital.
The e-mail address below is the correct address of my official UNH e-mail account. I agree to use only this address in any communications with my health care providers at UNH and I take full responsibility for use of the account. I accept responsibility for notifying Health Services if my account address changes.
This consent will remain in effect throughout the period of time I am affiliated with UNH unless either party notifies the other of a desire to discontinue.
E-mail is not a secure mode of communication and therefore may not be confidential. Nevertheless, Health Services staff members make every effort to ensure confidentiality of medial information and adhere to all pertinent policies and regulations. E-mail may be read by any Health Services staff member involved in your care.
Certain health care information will not be communicated via e-mail, including information related to substance abuse, HIV, mental health issues, pregnancy test results, and sexually transmitted diseases.
All e-mail transactions that relate to my personal health become part of my medical record at the discretion of my provider(s) and all policies concerning medical records will apply to them.
Health Services assumes no responsibility for problems that occur in the transmission of e-mail due to technical issues with the University of New Hampshire's computer system or any other system.
I accept full responsibility for protecting the privacy of information contained in e-mail messages I receive from Health Services.
All e-mail to my provider(s) will include my full name, phone number, and student ID number.

My signature below indicates that I agree with the above.

Name - printed

Signature Date

Official UNH e-mail address: _____

Student ID number: _____