



Authority to release medical information via email

By signing the “*Authority to release medical information via email*” form, you are giving Angaston Medical Centre consent to release medical records, reports and/or statements from your treating medical practitioner via an insecure communication platform.

I

(Full name of patient)

.....

(DOB)

of

(Address)

Understand the following:

- An email can be forwarded or changed without the knowledge or permission of the original sender.
- The email is not encrypted.
- Exchanging records by unencrypted email is vulnerable to interception and hacking by unauthorised third parties.
- Emails can be accessed on portable devices
- The email service may not be able to handle the file sizes these images require.
- I have considered communicating any sensitive information by telephone, fax, or mail.

I hereby authorise Angaston Medical Centre to provide my medical records via email and I only need to fill this form out once as blanket consent. I will notify Angaston Medical Centre when I wish to cease my health information being sent by email.

Signed Date

(Signature of Patient)

Office use only:

Each time an email is to be sent, the address must be confirmed as correct via a test email and noted in Patient Record.