



## Email Medical Records Consent Form

This consent form is used to request medical records to be received by a specific patient to a specific email address.

Patient Full Name	
Patient Date of Birth	
Patient Address	
Patient email to be used	
Third Party email to be used	

### CONSENT:

I hereby give permission for release of my medical records to the above email address; staff have informed me of possible privacy risks due to the use of email and electronic communications.

Patient Name	
Patient Signature	
Date	

Please note: Anyone aged 18 or over must sign their consent for the release of medical records

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### Office use only:

Employee Responsible:	
Date Sent:	