Kangaroo Island MEDICALClinic

64 Murray Street (PO Box 94) KINGSCOTE SA 5223
Phone: 08 8553 2037 Fax: 08 8553 2437
email: admin@kimedical.com.au Argus: argusreports@kimedical.com.au

# Email Authority

I, ..... D.O.B .....
(Insert patient's full name & date of birth)

of .....
(Insert patient's address)

give authority for my medical information to be emailed to the below email address

……
(Insert email address)

I understand that emailing is not a secure form of communication and that emails could be intercepted.

The Kangaroo Island Medical Clinic takes no responsibility for a breach of confidentiality if you consent to your medical information being sent via email.

If you wish to proceed, and have your medical information sent to you by email, please sign below.

I understand that this authority is ongoing, and if I wish to revoke this authority, I must notify the Kangaroo Island Medical Clinic in writing.

Signed: ..... (signature)

Print Name:.....

Date: ...../ ...../20 .....