



Warwick Medical Centre and Skin Clinic
8/639 Beach Road
Warwick WA 6024
Phone: 08 9448 9880
Fax: 08 9463 6277
ABN : 49 658 782 382

Patient Email Consent Form

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties.

If you accept these risks, you may consent to receive email from us regarding your health care. We will use the minimum necessary amount of protected health information in any communication. Our first email to you will verify the email address/es you provide.

You may also consent to emails being sent from us to referring practitioners regarding your health information. Documents such as referrals and other health information as required.

Your details

First Name* _____ Surname* _____

D.O.B.* ___/___/_____

Home Address:* _____

Consent

I accept the risk and consent to receiving information via email, I understand I can withdraw my consent at any time.

I accept the risk and consent to my referrals and other health information (only as needed) being sent to a referring practitioner by email, I understand I can withdraw my consent at any time.

Email addresses that I consent for health information to be sent to:

Primary Email:

Secondary Email:

Signature: _____ Date: _____

Once completed, please email this form to reception@warwickmedicalcentre.com.au