**ELECTRONICAL TRANSMISSION OF DOCUMENTS CONSENT**

Please be advised that email is not a secure form of communication and is not our preferred method of correspondence. This form is only for documents that have been discussed with your doctor in a consultation\*.

With the signing of this consent form, you acknowledge the possible risks involved and give permission for Medical HQ to forward documents and results via email.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my consent for Medical HQ to forward results, referrals and documents via email.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please be advised that our email address is not a platform for communication and medical requests for patients. Anything of this nature will require you to phone the practice and book an appointment.