



Authority to release medical information via email

In keeping with the National Privacy Principles, Moana Medical Centre takes reasonable steps to make the communication of health information adequately safe and secure. For this reason, it is our policy to use secure messaging or paper-based communication. However, time-sensitive conditions may mean this is not always possible. Therefore, email may be utilised in exceptional circumstances, at your GP's discretion.

Patients should be aware of the risks associated with using email before making a fully informed decision. If you do not feel comfortable consenting to your private health information being emailed, please phone reception staff for an appointment to discuss and obtain the required information.

If you are comfortable with the potential risks, please complete and forward this information via email to communicate@moanamedicalcentre.com.au.

I Date of birth

Address

In the case of parent or guardian:

Child's name Date of birth

have been made aware of the following risks involved in using unsecured or unencrypted email:

- an email can be forwarded or changed without the knowledge or permission of the original sender
- an email is vulnerable to interception and hacking by unauthorised third parties
- emails can be accessed on portable devices
- emails may be limited to file sizes where images are required
- I understand that the preferred method to provide sensitive patient information is via fax or mail, providing the most secure option of point-to-point communication.

I authorise Moana Medical Centre to provide my medical records, or in the case of parent or guardian, my child's medical records, via email to the recipient advised below. I do not hold Moana Medical Centre responsible for any breach of confidentiality that may occur from an unauthorised party accessing any of my personal health information contained in emails sent or received in relation to this request.

Signed Date

Please email this signed, completed authority to release your medical information to communicate@moanamedicalcentre.com.au. Receipt of your consent via email ensures the accuracy of your email address before releasing your records.

Contact information for email to be sent to: **(Please print clearly)**

Patient email:

and / or third party contact information:

Email:

Name: Phone:

Address:

A confirmation of receipt letter will be attached for signing and return via email.