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Patient Consent Form– Email Medical Records

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

Patient Consent:

I Hereby give my consent for release of my medical records to the above email address. I have been informed of the possible privacy risk due to the use of email and electronic communication.

Patient Full Name	
Patient/Guardian Signature	
Date	

Office use only:

Employee who completed	
Date sent	