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## **PATIENT CONSENT FORM FOR EMAILING, FAXING & POSTING OF REFERRALS & ANY OTHER MEDICAL INFORMATION**

Due to the new **AUSTRALIAN PRIVACY LAWS** a patient consent form needs to be signed before any information can be forwarded by email, fax or post. Without your consent we will be breaching your data privacy to do so.

**Please be aware that sending any information by fax or email is not encrypted, and your privacy may be compromised.**

By signing this consent form, you are acknowledging that there is a risk of a privacy breach by sending information by fax or email.

Date:.....

I .....(Patient Name) give consent to Roxby Downs Family Practice to email, fax or post the

.....**ANY**.....(Type of Medical Information Requested)

that has been requested by

.....**ANY**.....(Doctors Name or Company Name)

to

.....**ANY**.....(Fax Number, Email Address or Postal Address)

Patient/Guardian Signature.....