



# RADIOLOGY24

DIAGNOSTIC RADIOLOGISTS

Practice Number: 038 000 0010464

## CONFIDENTIALITY AGREEMENT FOR TRANSMISSION OF PATIENT RECORDS VIA AN ELECTRONIC FORMAT.

**\*Please complete in block letters\***

Patient Details:

Guardian Details (if patient is under 18 years old):

ID number:

Date of examination:

Department where x-rays were taken:

Hereby give Radiology24 Inc. permission to distribute my medical records to the indicated destination.

Email:

Email:

I hereby indemnify Radiology24 Inc. and do not hold them accountable for any claim, damages or costs arising, directly or indirectly, from the breach of confidentiality. I further acknowledge that by breaching patient confidentiality, I am breaching the **POPI Act of 2013**. By signing this form, I accept the terms and conditions of our **client consent agreement** and **Data protection policy** which outlines the processing of your data which is available/can be viewed at Radmin (Pty) Ltd. or any Radiology24 Inc. office or at [www.radiology24.co.za](http://www.radiology24.co.za).

Please indicate the desired format of the images required.

DICOM

JPEG

Reports only

Electronic link

Please send completed form to [pacsadmin@radiology24.co.za](mailto:pacsadmin@radiology24.co.za). For requests to be processed a form of identification is required. **Please attach a copy of the patient's ID or driver's licence.**

Patient/guardian signature:

Date:

### OFFICE USE ONLY

ACCESSION NUMBER:

PATIENT NUMBER:

Requests will be processed within 24 hours of receipt of the completed form and identification document. Requests sent afterhours, will be processed on the following business day.