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Permission to Transmit Normal Lab Results Via Email

The undersigned does hereby give consent for a designated employee of Jordan Landing Family Practice to transmit laboratory results of tests performed on me to my email address. This permission will be effective for the period I am actively being treated by the doctors of Jordan Landing Family Practice. I realize that I have a right of privacy in my treatment and records. I understand that my doctor will provide all privacy protocols that can be applied to the transmission of email information, but I also realize that no method of communication is without possible interception, including emails. I will hold blameless the doctors and employees of Jordan Landing Family Practice if in transmitting my normal laboratory results the information is intercepted in any manner by a third party.

Signed this _____ day of _____, 20__ __

Patient's signature of Person Legally
Responsible for Patient, if a minor.

E-Mail Address