



## AUTOMATED OPT-IN FOR PATIENT REPORTS TO TESTSAFE

If you would like Auckland Radiology Group to automatically send patient reports to TestSafe please fill in your details below:

**Name:** \_\_\_\_\_

**Practice Name:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**NZMC or  
Registration No.** \_\_\_\_\_

I would like to opt-in to having all my patient reports automatically sent to the TestSafe repository. I acknowledge that I need to advise my patients that a copy of their imaging report will go to TestSafe.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Once signed and dated please email to [IT@arg.co.nz](mailto:IT@arg.co.nz)