

# Digital Healthcare Consent Statement

By signing this consent statement, you acknowledge and agree to the use of digital technologies for the purposes of your healthcare. This may include the collection, storage, sharing, and analysis of your personal health information through electronic means.

Full Name:

Date of Birth:

Signature:

Date:

☐ I have read and understood the Digital Healthcare Consent Statement. I give my consent to the use of digital technologies as described above.

Submit