

## Email Consent Form



*TriValley Primary Care would like to provide information to you electronically.*

Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

- Yes, I consent to receiving Email from TriValley.
- Yes, I consent, and below is an updated Email.
- I previously provided consent along with my Email address, and now rescind that consent.

Email: \_\_\_\_\_

The above instructions also pertain to the following family member(s):

NAME

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide this to the receptionist.