



Palouse Heart Center  
Palouse Pediatrics  
Palouse Psychiatry & Behavioral Health  
Palouse Pulmonology & Sleep Medicine  
Pullman Family Medicine  
Palouse Health Center

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### CONSENT FOR ELECTRONIC COMMUNICATIONS

**Patient Portal, Email, or Other Electronic Communications:** To provide the best care possible, Pullman Regional Hospital Clinic Network, LLC and its affiliates seek to communicate with its patients in a convenient and effective manner, including email, patient portal (if applicable), or other electronic means if requested by the patient and deemed appropriate by Pullman Regional Hospital Clinic Network, LLC. Please note that such communications sent through the internet or over phone systems may not be encrypted or secure, and could result in unauthorized persons accessing your information. If you would like Pullman Regional Hospital Clinic Network, LLC to communicate with you electronically despite these concerns, please indicate your preferred method of communication and sign below.

- **Patient Portal.**
  - If applicable, I would like to be signed up for the Patient Portal.
    - *Please note that a Patient Portal is not available with every affiliate of Pullman Regional Hospital Clinic Network.*
- **Email.** Preferred email address: \_\_\_\_\_
- **Other Means** (subject to Pullman Regional Hospital Clinic Network, LLC's approval):  
\_\_\_\_\_

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date