

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.

