

## PATIENT CONSENT FOR EMAIL COMMUNICATION

By signing this consent, you authorize Oregon Lung Specialists, LLC (OLS) to communicate with you via email regarding the topics you have checked below.

We will only email you regarding those matters for which you give us permission. We will never communicate via email regarding HIV/AIDS, substance abuse, genetic testing, or mental health. We will not sell or disclose your email address to any other person or entity.

We will use only one email address to communicate with you. Please do not contact us using any other email address. If your email address changes please contact us via telephone to update your information. Note: if you email us from work, you should be aware that your employer likely has access to email communications between us.

You may revoke this consent at any time in writing. The revocation will apply only after it is received. Unless revoked, this consent will remain valid for as long as you are a patient of OLS.

\*\*\*\*\*  
**EMAIL IS NOT A SUBSTITUTE FOR SEEING YOUR PHYSICIAN.  
EMAIL COMMUNICATION SHOULD NEVER BE USED IN AN EMERGENCY  
OR FOR URGENT REQUESTS FOR INFORMATION.**  
\*\*\*\*\*

**I consent to OLS sending me emails regarding:**

- Appointment reminders**
- Billing information**
- Test results**
- Basic treatment advice**

Patient's Authorized Email Address: \_\_\_\_\_

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

Signature of Patient or Patient's Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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