



6621 Gulton Ct NE  
Albuquerque, NM 87109  
P: 505.888.4043 F: 505.888.1398

Patient's Name: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

**Authorization to Request and Receive Email/Patient Portal Communications from our Medical Office**

Please note that we are happy to continue to provide you with telephone and regular postal mail communications regarding your test results, appointment reminders and forms requiring completion.

However, if you would like for us to provide some of these communications to you via email by way of our Patient Portal, we are willing to do so under certain conditions and with certain understandings between us. They are:

We will send emails to you which will direct you to your private portal account.

We need your email address to provide this service.

I would like for WOMEN'S PELVIC SPECIALTY CARE OF NM, LLC to send me a portal invitation so that I may view my chart with this office and also receive email portal communications

I DO NOT want to receive Patient Portal Access or email communications from this office

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
OFFICIAL USE ONLY

Email entered on \_\_\_\_\_  
Date

By: \_\_\_\_\_  
Employee Name/ Signature