

PATIENT CONSENT FORM

Patient access to the Tuli Health Patient Portal is granted by signing and acknowledging the Terms of Use prior to accessing the service online.

I, _____, request access to the Tuli Health Patient Portal.

I have read the Tuli Health Patient Portal Terms of Use Agreement and other information provided to me regarding the Tuli Health Patient Portal. I have been given the opportunity to ask questions about the service and acknowledge that I understand the following:

- ✓ My use of this service is voluntary and I may withdraw from using this service at any time, which will not affect my patient status at any Tuli Health.
- ✓ Other than for the purposes of administration of this service by the authorized personnel of Tuli Health, its affiliates and franchises, no other person will have access to my personal health information through the Tuli Health Patient Portal, except as permitted with my written consent.
- ✓ Clinical health information available through the Tuli Health Patient Portal is provided by Tuli Health at my request for my personal use only and may be subject to verification without notice.
- ✓ Tuli Health its affiliates, and franchises assume no liability for the release of clinical health information to me and my use of it.
- ✓ Access to and use of the Tuli Health Patient Portal is subject to the Tuli Health Patient Portal Terms of Use and Agreement for this service, and I agree to be bound by the aforementioned agreement.
- ✓ I will receive a copy of this signed form.

Name of Patient (First, Last) [PRINT]

Signature

Date

Name of Witness (First, Last) [PRINT]

Signature

Date

Patient Address

Daytime Phone number

E-Mail Address [PRINT]*

Health Card Number

Date of birth