



**MAY WE PLEASE HAVE YOUR PREFERRED EMAIL ADDRESS?**

Your doctor’s office at University Hospitals Physician Services would like to have your preferred email address. We may use your email address in the future to send appointment reminders and wellness information, as well as patient satisfaction surveys that may be conducted by UH or its Business Associates.\*

**To assist us in this effort please kindly provide the patient name(s) and the preferred email address:**

Patient Name:	DOB:
Patient Name:	DOB:
Patient Name:	DOB:
Patient Name:	DOB:
Patient Name:	DOB:
Parent Email:	@

I Decline to provide E-mail address

**\*UH Confidentiality Assurance:**

- UH complies with HIPAA in using and sharing your personal information. To learn more, see the UH Notice of Privacy Practices (NOPP) at the following link: <http://www.uhhospitals.org/patientsvisitors/tabid/1368/hipaanoticeofprivacypractices.aspx>.
- UH will only use or share your e-mail address for the purposes outlined in the NOPP and this form.
- Press Ganey Associates is a Business Associate of University Hospitals and will never share your email address with any other organization.
- Your email will not be used to communicate clinical information or test results.
- You will not be able to “reply” to emails sent from the University Hospitals email address.