WSU PULLMAN
Cougar Health Services

Consent and Authorization for Communication of Student Health Information

I freely and voluntarily consent and authorize Cougar Health Services (CHS) and CHS healthcare providers to communicate with me via phone voice message, text message, and email for the following purposes, but not limited to, those described below:

- Appointment reminders/cancellations
- Patient portal reminders
- Insurance reminders
- Prescription pick-up reminders

I am aware that communication by electronic means involves certain risks, including but not limited to, that information communicated by email or text message is not totally protected from access by authorized persons; email and text messaging is like a postcard that can be read by anyone possessing the ability to access that postcard. To avoid such risks, CHS will only communicate sensitive health care information through the secure patient portal or directly to the patient.

I understand and acknowledge that CHS providers will not communicate sensitive information about my health via email or text messaging. Instead, CHS Providers will respond to emails or text messages requesting sensitive health information by stating communication of such information is not conducted through email or text message, rather CHS providers will utilize more confidential forms of communication for such information. I understand that communication with my healthcare team about my health must be done through calling, secure messaging from the patient portal, or visiting CHS. Any urgent questions must be communicated through calling or visiting the CHS Clinic. Please call 911 or go to the nearest emergency department for medical or behavioral health emergencies.

I acknowledge the following general principles:

- I should not use email or text message to communicate with CHS providers about sensitive issues (e.g., health questions, STIs, alcohol, drugs, pregnancy, or mental health issues) or for multiple concerns or complex problems. Instead, these issues should be communicated through the patient portal or in person by scheduling an appointment.
- Email and text message are never appropriate for urgent or emergency problems. It may take several days for a health care provider to respond to such forms of communication. Urgent matters must be communicated through calling or visiting CHS.
- CHS and CHS providers will not book/reschedule appointments or refill prescriptions through communication by email or text message. I must call, securely message through the patient portal, or visit the CHS for these purposes.
- Any e-mail or text message I send to CHS and/or CHS providers may become part of the electronic medical record; copies of such communications may also be printed and scanned into the student's electronic health record.
- I should not share my access to the patient portal with any individual.

I am aware that messaging and data rates may apply for text message notifications. I am also aware that I can opt-out or withdraw my consent to receive communications by text message at any time. This can be done by disabling text messaging in the profile section on the patient portal.

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I have had the opportunity to review this "Consent and Authorization for Communication of Student Health Information" form including information regarding the use of electronic messaging and the secure patient portal. Having acknowledged these risks and principles, I authorize CHS to communicate with me by text message, email, and patient portal.

I understand that I am solely responsible for handling information provided to me by CHS, including sensitive healthcare information provided via the patient portal, in a secure manner that protects my privacy.

By signing below, I acknowledge that I have read, understand, and voluntarily agree to the terms of this Consent and Authorization for Communication of Student Health Information.

STUDENT/PATIENT NAME	
Full Name:	**WSU ID Number:**
Signature:	**Date:**