|  |  |
| --- | --- |
| Agreement to receive electronic communication | Placeholder logo |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | | Name: | |  | | | | | | | |  | | |  | | | |  |  | | | | | |
|  | |  | | First name | | | | | | | |  | | | Middle name | | | |  | Surname | | | | | |
| 2. | | Date of birth: | |  |  |  |  |  | | | |  | | |
|  | |  | | MM |  | DD |  | YY | | | |  | | |  |  | | |  |  | | | | | |
| 3. | | Initial below: | | | | | | | | | | | | | | | | | | | | | | | |
|  | I DO agree | | |  | | | | | | | | |  | | | | | | | | | | | | |
|  |  | | | Initial | | | | | | | | |  | | | | | | | | | | | | |
|  | I DO NOT agree | | |  | | | | | | | | |  | | | | | | | | | | | | |
|  |  | | | Initial | | | | | | | | |  | | | | | | | | | | | | |
| That the business may communicate with me electronically at the email address and/or phone number listed below.  I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the business any updates to my email address and/or mobile phone number. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | Most preferred method of communication: | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | Text message | | | | | |  | | | | | Email address | | | | | | | | | | | |
| 5. | | I would Like to receive: | | | | | | |  | | | | |  | | | | | | | | | | | |
|  | |  | Appointment reminders | | | | | |  | | | | | Information regarding billing | | | | | | | | | | | |
|  | |  | Requests for customer satisfaction reviews | | | | | |  | | | | |  | | | | | | | | | | | |
| 6. | | Contact information | | | | | | |  | | | | |  | | | | | | | | | | | |
|  | | |  |  | | --- | --- | | My email address |  | | | | | | | |  | | | | | My phone number | | |  | | | | | | | | |
| **I can withdraw my consent to electronic communications by calling/emailing:**  INSERT OFFICE NAME  INSERT PHONE NUMBER  INSERT OFFICE EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | |  |  | | | | | | | | | | | |  | | |
| 7. Signature | | | |  | | | | | |  | Date of signature | | | | | | |  | | |  |  | |  |  |
|  | | | |  | | | | | |  |  | | | | | | | MM | | |  | DD | |  | YY |