|  |  |
| --- | --- |
| 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 NAMEINSERT PHONE NUMBERINSERT OFFICE EMAIL ADDRESS |
|  |  |  |  |  |
| 7. Signature |  |  | Date of signature |  |  |  |  |  |
|  |  |  |  | MM |  | DD |  | YY |