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 Palatka, Florida
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 Hyperbarics Palatka@gmail.com



AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATIONS

1. Name:

First Name

Middle Name

Last Name

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

5. I DO NOT wish to receive:

Appointment Reminders

Information Regarding Billing

Requests for Patient Satisfaction reviews

6. Contact Information

My Email

My Phone

I can withdraw my consent to electronic communications by calling / emailing:

HYPERBARIC HEALTH SERVICES - PALATKA

(386) 385-3857

HyperbaricsPalatka@gmail.com

7. Signature

Date of Signature

MM

DD

YY

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