**Consent to Communicate via E-mail**

I understand that authorized personnel from PR Orthotics & OT LLC may communicate with me regarding scheduling, the treatment being provided, educational information including newsletters as it relates to health-related services available at PR Orthotics & OT LLC, or alternative treatments, locations or providers. I hereby authorize PR Orthotics & OT LLC, through its appropriate personnel, to communicate with me regarding scheduling, treatment and billing and payment for services rendered on my child’s behalf. I agree to receive such communication via email at the following email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address (print clearly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Guardian Signature Date

