

Authorization to Fax-Text-Email

I recognize that communication done electronically does not have any guarantee of privacy, however due to convenience and timing, communications might be necessary by electronic means of fax, text, and email. I consent to communication specified below. Should I wish to withdraw the consent below I will notify the doctor/clinic in writing of the withdrawal of consent.

I, _____ do hereby authorize Arlington Chiropractic Neurology Center to communicate with me via fax at the following fax number: _____

_____ Patient Signature

_____ Patient Name

_____ Date

I, _____ do hereby authorize Arlington Chiropractic Neurology Center to communicate with me via email at the following email address: _____

I, _____ do hereby authorize Arlington Chiropractic Neurology Center to communicate with me via text at the following phone number: _____

_____ Patient Signature

_____ Patient Name

_____ Date