|  |  |
| --- | --- |
| Agreement to Receive Electronic Communication | Icon  Description automatically generated |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 would Like to Receive: | | | | | | |  | | | | |  | | | | | | | | | | | |
|  | |  | Appointment Reminders | | | | | |  | | | | | Information Regarding Billing | | | | | | | | | | | |
|  | |  | Requests for Customer Satisfaction reviews | | | | | |  | | | | |  | | | | | | | | | | | |
| 6. | | Contact Information | | | | | | |  | | | | |  | | | | | | | | | | | |
|  | | |  |  | | --- | --- | | My Email |  | | | | | | | |  | | | | | My Phone | | |  | | | | | | | | |
| **I can withdraw my consent to electronic communications by calling / emailing:**  [hmauck@mauckmedicalclinic.com](mailto:hmauck@mauckmedicalclinic.com)  785-677-3930 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | |  |  | | | | | | | | | | | |  | | |
| 7. Signature | | | |  | | | | | |  | Date of Signature | | | | | | |  | | |  |  | |  |  |
|  | | | |  | | | | | |  |  | | | | | | | MM | | |  | DD | |  | YY |