

VICKERY HEALTH & WELLNESS

Dia Vickery, DACM
Licensed Acupuncturist / Herbalist

NON-MEDICAL COMMUNICATION
PREFERENCES

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

_____ I hereby authorize Vickery Health & Wellness to use the electronic mail address set forth below to deliver all non-medical communications and notices. I agree that the electronic mail address set forth below will be used in lieu of sending any non-medical communications and notices by postal mail.

Designated E-Mail Address: _____

_____ I hereby request Vickery Health & Wellness use only postal mail for all non-medical communications and notices

_____ I hereby opt-out of all Vickery Health & Wellness non-medical communications and notices
I agree that this Authorization will remain in effect until I provide Vickery Health & Wellness written revocation of this Authorization. I also agree that if I wish to discontinue receiving non-medical communications and notices electronically or if I change my e-mail address, it is my obligation to notify the Vickery Health & Wellness in writing.

PATIENT NAME: _____

PATIENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

Entered Into System By: _____ Date: _____