

E-Mail Consent Form

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Acknowledgment and Agreement

I acknowledge that I have read and fully understand the E-Mail Disclaimer.

I understand the risks associated with the communication of e-mail between The Hormone Zone and/or Illuminar Metabolic Health and myself. I consent to the conditions outlined in the disclaimer.

In addition, I agree to the instructions outlined in the disclaimer, as well as any other instructions that The Hormone Zone and/or Illuminar Metabolic Health may impose to communicate with patients by e-mail.

- Yes, I hereby authorize this medical office to send promotional “marketing” communications to me whether by postal mail, email, or internet social media regarding promotional services or products obtained from this office. This does not include general communication regarding your care that was established in office.
- No, I DO NOT elect this office to send promotional “marketing” communications to me whether by postal mail, email, or internet social media regarding promotional services or products obtained from this office. This does not include general communication regarding your care that was established in office.

*Marketing is defined as “a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.”

Patient’s Signature: _____

E-mail Address: _____

Date: _____