

Elevation Now, P.C.

Patient Authorization for:

- Contact regarding appointment reminders, scheduling related and account balance matters, birthday greetings, chiropractic care, related health services and \or related health products
- Sign in sheet and testimonials

It is our desire for the staff to use your name address and \or telephone number for the purpose of contacting you to remind you about scheduled appointments, re-evaluations, birthday greetings or other appointment related or account balance issues and also to advise you about health related meetings, workshops and products. We also display your name on our sign-in sheet and any testimonials we receive.

The use of this information is intended to make your experience with our office more efficient and productive. If you choose not to authorize this information use, your decision will have no adverse effect on your care from Dr. Nick Sechrist or on your relationship with our staff.

Your signature indicates authorizations of this activity.

Name (printed)

Signature

Date

This authorization may be revoked by you at any time. Revocation may be accomplished by advising us in writing of your desire to withdraw your authorization. Please allow a reasonable processing time for the change in our system.

