



Electronic Communications Authorization

I hereby authorize Ark Integrative Medicine ("Ark" hereinafter) to communicate with me using electronic communications including but not limited to email, text messages, voicemail, and video conferencing meetings. I authorize Ark to contact me solely by the telephone numbers, addresses, and information that I have provided to Ark during any part of our contact. These communications may include appointment information and reminders, protected health and confidential information. I understand that these electronic communications are not encrypted and that Ark is not responsible for the privacy of such communications once they have been transmitted to the numbers provided by me.

LAST NAME FIRST NAME

TODAY'S DATE (MM/DD/YYYY)

SIGNATURE