

BARTUSCH CHIROPRACTIC CLINIC

Patient Authorization for appointment reminders, scheduling related matters, referral boards, birthday cards, welcome letters

It is our desire to for our staff to use your name, address, e-mail, and/or telephone number for the purpose of contacting you to remind you about scheduled appointments, re-evaluations or other appointment related issues. We may also use these to send birthday cards, welcome letters, thank you cards, or health information that we feel may interest you.

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 Steven R. Bartusch, DC or on your relationship with our staff.

Your signature indicates your authorization of this activity.

Name (Printed please)

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 to be completed.