

## EMAIL CONSENT FORM

**PLEASE READ CAREFULLY**

I consent to email communication from Rebalance Sports Medicine which may include but is not limited to appointment reminders, statements, invoices, correspondence with health professionals, exercise instructions, meal plans & commercial electronic messages.

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Rebalance Sports Medicine respects your privacy. We do not sell, rent, loan or transfer any personal information regarding our clients to any third parties.)*