

## AUTHORIZATION FOR USE OF PERSONAL CONTACT INFORMATION FOR NEWS AND PROMOTIONAL INFORMATION

Email Address:

Mailing Address:

Advanced Regional Center for Ankle and Foot Care respects the privacy of our patients, visitors and staff. Ensuring that medical information is kept confidential is among our highest priorities. We seek your permission to use your personal contact information to send you news and promotional information from Advanced Regional Center for Ankle and Foot Care.

To ensure that Advanced Regional Center for Ankle and Foot Care is acting in accordance with your wishes and using your personal contact information with authorization, we ask that you complete and sign this form. Advanced Regional Center for Ankle and Foot Care will keep a copy of your written permission on file.

I,\_\_\_\_\_\_, give my consent that my personal contact listed above may be used by Advanced Regional Center for Ankle and Foot Care for the following:

- Promotional materials on shoes
- Promotional materials on products
- Email communications to the address listed above
- Mailings to the address listed above

I am not required to sign this authorization. Advanced Regional Center for Ankle and Foot Care does not condition treatment, payment, benefit eligibility or enrollment activities on the signing of this form. I can request a copy of this authorization to be mailed to me.

If I decide to sign this form, I have the right to request that my personal contact information be removed from all forms of communication listed above. Advanced Regional Center for Ankle and Foot Care must receive my written request to cease and Advance Regional Center for Ankle and Foot Care must remove my personal contact informational within 30 days of the written receipt.

Patient Name (please print):\_\_\_\_\_

Patient Signature:

Signature of Personal Representative Signature:\_\_\_\_\_\_ Please circle: I am the health care agent / guardian / surrogate / parent of the above patient

Date:\_\_

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