



Authorization for Electronic Communication

I, _____ authorize A Balanced Life LLC to to engage in the following activities with me:

- ____ (initial) To schedule, reschedule, or cancel any appointment by HIPAA compliant email or text.
- ____ (initial) To send or receive non-clinical information by HIPAA compliant email or text pertaining to my services at A Balanced Life LLC.
- ____ (initial) To send or receive information about groups, classes, or other events that may be of potential interest to me, which may be sent as part of a Newsletter or Electronic Invitation, in which case would not be HIPAA compliant.
- ____ (initial) To receive a newsletter by MailChimp, which is not HIPAA compliant (see explanation at <https://www.abalancedlifellc.com>).

In no way will the refusal to grant consent for any of the specific communications authorizations affect my/our getting assistance for myself/ourselves. I am aware that if I have given any specific consent to communication, I am able to revoke this consent at any time with no affect on services I receive at A Balanced Life LLC.

A Balanced Life LLC follows the HIPAA law, and in the event that you provide permission for communication that is not HIPAA compliant, please be advised that while your email address will not ever be shared or sold by us, it will be stored by MailChimp; and/or may be stored as part of A Balanced Life LLC electronic data base. Such storage is completely separate from your electronic health record and is in no way connected to your secure, HIPAA compliant health record. A Balanced Life recommends that you do not interact with us on social media (e.g. send friend requests, like, or comment) in order to best protect your privacy.

My signature below indicates that have read and understand the authorization for electronic communication.

Signature

Signature

Printed Name

Printed Name

Date

Date

Witness Signature: _____ Date: _____

Witness Printed Name: _____