

I, _____ give my email address to Your Surgical Weight Loss Solution. I am aware that my email may be used as a form of communication between myself and the staff/physicians associated with Your Surgical Weight Loss Solution. I was also informed that at any time I can request in writing to have my email removed from the data base or to change the status of my email.

Please initial by all the forms of communication status you approve:

_____ I allow Your Surgical Weight Loss Solution to use my email for communication between myself and their office. I also authorize my email address in the group emails that are sent out about support groups meetings, educational event and events that the hospital or Lakeside Surgical Specialist may be offering that may benefit me.

_____ I allow Your Surgical Weight Loss Solution to use my email for communication and may give it to Lakeside Surgical Specialist office for a form of communication too.

_____ I allow Your Surgical Weight Loss Solution to use my email for communication between myself and their office only.

_____ I wish to have my email address removed from the group emails and request no contact through email be used.

Authorized Signature

Date

Email address