

THE LIFEWORKS GROUP, P.A.
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COMMUNICATION AUTHORIZATION

I, _____, hereby authorize
The LifeWorks Group, P.A., to communicate with me by the following methods. I do
acknowledge and understand that these communications methods may not be entirely secure
and/or HIPAA compliant.

Please initial below indicating that you understand and consent with the following statements:

_____ You have my consent to contact me by telephone Phone Number: _____

_____ You have my consent to leave a message/voicemail Phone Number: _____

_____ You have my consent to contact me by email E-mail: _____

If you have read and understand this consent form, please sign below.

Signature

Date

Witness

Date