

ORCHID HEALTH MARKETING CONSENT FORM

I, _____, hereby grant consent to Orchid Health to send me marketing communications via email. I understand that I have the right to “opt out” of receiving such communications even if I have signed the opt-in option.

I understand and acknowledge the following:

- 1. Purpose:** Communication that encourages you to use our services is considered marketing. We must obtain your authorization. The marketing communications may include information about Orchid Health services, promotions, events, newsletters, and other related healthcare materials.
- 2. Voluntary Participation:** I have the right to choose whether or not to receive marketing communications from Orchid Health. Participation is entirely voluntary.
- 3. Privacy:** Orchid Health will handle my personal information in accordance with its privacy policy and applicable laws and regulations.

Consent Options:

Please indicate your preference by checking the appropriate box below:

I consent to receive marketing communications from Orchid Health via email.

I do **NOT** wish to receive any Marketing Communications from Orchid Health.

Patient or Authorized Representative Name (Please print): _____

Date of Birth _____

If authorized representative, please state relationship to patient _____

Signature _____ Date _____