

CLIENT CONSENT - APPENDUM

ADDITIONAL CONSENTS/ACKNOWLEDGEMENT

Bayshore

Client Name *

Date Of Birth *

- ☐ Consent to allow the taking of pictures
- ☐ Consent to communicate with Bayshore via email or text

I consent to using email or text messaging as a convenient method of communicating with Bayshore. I understand that email and text messages are not secure methods of communication and as such, should be limited to business-oriented information and not personal or personal health information. I acknowledge that limiting identifiable information in these communications will help protect my personal information. (i.e. use of initials vs. full names) I accept the risk and potential consequences and request allowing this form of communication during my service.

- ☐ Consent to receive emails from Bayshore

I consent to receive electronic communication from Bayshore regarding health care services, exclusive offers, health related news, important tips on managing chronic diseases, caregiving and much more. I may withdraw my consent at any time by advising Bayshore that I no longer consent to receive electronic messages. If I have any questions or wish to change or withdraw my consent at any time, I may contact Bayshore at:

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License expires in 7 days. Please contact us for extended license

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