



Email Authorization Form

I would like to have my email address on file for the purpose of communication with the staff of YourMedicalHome, LLC. I understand that the correspondence I receive may include: Lab & Test Results, Appointment Reminders, Medication Refills and other things deemed appropriate by the staff.

Information deemed to be Confidential will be sent via (ZixMail).

ZixMail is a Secure Email Service that does require a onetime password set up. This is a service that we have purchased and is at no cost to you.

Email will not be used in urgent or sensitive situations.

Name _____

Date of Birth _____

Email Address _____

I have read and understand the attached Email Guidelines.

Signature _____

Date _____

Please complete this form and forward to:

YourMedicalHome LLC

21 Hampton Road

Building 2, Suite 201

Exeter, NH 03833