

Portsmouth Neuropsychology Center, LLC  
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## Authorization Form to Include Email in Our *Constant Contact* Database

Periodically Portsmouth Neuropsychology Center, LLC sends out newsletters and helpful information via *Constant Contact*. We would like your permission to include you in our email database. We will never sell or share your information with anyone. At anytime you can opt out of receiving our emails.

By signing this form I hereby agree to let Portsmouth Neuropsychology include my email in their Constant Contact database. I understand that I can “unsubscribe” at any time.

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Name(s)

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E-mail address(es)

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Signature of Patient

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Date

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Signature of Parent/Legal Guardian/Personal Representative

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Relationship

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Date

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If the authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided.