



1603 Santa Rosa Road, Suite 203
Richmond, VA 23229
P 804.440.3376
F 804.440.3377

Marketing Authorization Form

We must obtain your written authorization (“Marketing Authorization”) prior to using your PHI (protected health information such as your name and address) to send you any marketing materials. We can, however, provide you with marketing materials in a face-to-face encounter, without obtaining your Marketing Authorization. We are also permitted to give you a promotional gift of nominal value, if we choose, without obtaining your Marketing Authorization. In addition, we may communicate with you about products or services relating to your treatment, case management or care coordination, or alternative treatments, therapies, providers or care settings. We may use or disclose PHI to identify health-related services and products that may be beneficial to your health and then contact you about services or products.

Renew Dermatology sends electronic newsletters and direct mail containing information about cosmetic treatment specials, upcoming events, product specials and articles regarding medical and cosmetic conditions and treatments.

Please indicate your preference by checking one box and authorize your request to Renew Dermatology / James F. Robinson, M.D., P.C. by signing below.

- I would like to receive marketing information from Renew Dermatology.
- I would NOT like to receive marketing from Renew Dermatology.

Signature of Patient or Legal Guardian

Date

Print Patient’s Name

Patient’s Date of Birth

If you have agreed to the marketing authorization and would like to be added to the e-mail list, please provide your e-mail address. With every e-mail, you are given the opportunity to unsubscribe to the e-mails if you wish to no longer receive them.

E-mail Address: _____