

CHANGE OF EMAIL AND CLINIC NAME AUTHORIZATION

To whom it may concern

We have received a request to change the email address associated with all billing as well as the email address used to login to the PostureRay® Virtual Viewbox/Data Backup System and/or Enterprise Account Services.

The owner or supervisor with authority to legally make this request must sign below and accepts any and all legal ramifications associated with changing account information that this is a legitimate request since it deals with HIPAA related patient PHI information tied to that account.

- After you have filled out and notarized email a copy of this request to Info@PostureCo.com and also mail original to PostureCo, Inc, 3152 Little Road, Suite 161, Trinity FL 34655

Old Email Address:

New Email Address:

Clinic Old Name (If changed):

Clinic New Name and/or D.B.A.:

Address of facility along with phone number

Owner signature below authorizes these changes and indemnifies PostureCO, Inc to remain harmless in any and all litigation if this request has been falsely authorized.

Owner / Authorized Name _____ Position/Title (Print): _____

Owner Signature: _____

Date: _____

NOTARY VALIDATION, use area below to apply your certification that the owner of the above is responsible for this request and has provided valid proof they are owner of the clinic and/or empowered to authorize above changes.