



### **Acknowledgement & Permission to Use Personal Email**

I \_\_\_\_\_ hereby provide my consent to Pro Vita Care Management Inc. to use my personal email to correspond directly with me.

I understand that if at any time I choose to request Pro Vita to stop using my personal email address to correspond me with that I will have to provide this request in writing to Pro Vita Care Management.

Any questions concerning the collection, use and disclosure of your email should be directed to Human Resources at (604) 575-0006.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_