



Permission to be CONTACTED by Healthsense, Inc. using an AUTOMATED VOICE BROADCASTING SYSTEM

By signing this AGREEMENT you acknowledge NOTIFICATION of and GRANT PERMISSION to Healthsense, Inc. to use an AUTOMATED VOICE BROADCASTING system with the purpose of alerting your organization of important service announcements such as, but not limited to; interruption of service, change in system operation, or any relevant information relating to the operation of the Healthsense system. By signing you acknowledge that you have authority to grant such permission to Healthsense, Inc.

You may rescind your authorization for Healthsense to use the voice broadcasting system at any time by providing Healthsense with written authorization to discontinue this service. Only the person signing this AGREEMENT, or someone of comparable authority, may authorize discontinuation of the use of the voice broadcasting system by Healthsense, Inc.

Understood and Agreed:

Organization: _____

Name (Print): _____

Signature: _____

Title _____

Date: _____