

## ALEX HCM CONSENT FORM

### I give consent for ALEX HCM to be activated in all instances of our Medtech PMS

On behalf of \_\_\_\_\_, and with due authority, I give consent for the ALEX HCM to be activated.

I understand that access to my database via the ALEX HCM will only be given to third parties who have demonstrated a contractual agreement with my practice, and that agreement has also been verified by Medtech.

I confirm that I have the consent of my patients to store their personal and clinical data in my database and to share them with third parties to whom I have given authorised access through ALEX HCM.

Your Name:	Date:
Your Role:	Your Phone Number:
Your Email Address:	
Practice Name:	
Physical Address:	
Signature: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this consent form.	

Complete this form as an interactive PDF and send to us by clicking the submit button

**OR:** Complete a printed copy and manually email to us at: [activatealex@medtechglobal.com](mailto:activatealex@medtechglobal.com)

**SUBMIT THIS FORM**  
CLICK HERE TO EMAIL THIS BACK TO US

**For comprehensive information on ALEX please see our webpage**  
[medtechglobal.com/alex-platform-a-game-changer](https://medtechglobal.com/alex-platform-a-game-changer)