



ACCOUNT CANCELLATION AGREEMENT

This CANCELLATION AGREEMENT (this "Agreement"), dated _____, 20__ (the "Effective Date"), by and among _____, and CareLink Mobile Practice Manger.

I hereby wish to discontinue CareLink My Mobile Practice Manager. I understand that my account will be closed on the effective date and all account balances are due immediately upon cancellation.

WHEREAS, it is understood that all data associated with my use of CareLink mobile practice manager including patient list and scheduled shall be:

_____ Destroyed

_____ Provided to me electronic format (\$300 per hour fee applies)

Company Name: _____

Address: _____

City _____ **State** _____ **Zip Code** _____

Phone Number: _____

Signature: _____

Date: _____