



Authorization For OrthoFi to Access Cloud 9 Software Data

Date: _____

Name of Practice: _____

Practice URL : _____

This letter is to confirm that OrthoFi has authorization to access data from the Practice's Cloud 9 Software database, including but not limited to Patient Demographics, Scheduling Details, Treatment Information, and Financials.

This letter is to further confirm that, in addition to the authorization set forth above, the referenced vendor may also have access to modify, submit, transmit, and upload data in and to the Practice's Cloud 9 Software database, including but not limited to Person creation, Appointment modification, and Document Cabinet additions.

The practice acknowledges and agrees that all actions by the set vendor are at the Practice's sole risk.

Cloud 9 Software will need to be notified in writing by you, the client, if this authorization is revoked for this vendor and access should be removed at any point in the future.

Signature of an Owner of the Practice: _____ **Date:** _____

Print Name: _____