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Eastlake Clinic
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Acupuncture & Chinese Herbal Medicine

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Ballard/Crownhill Clinic
1407 NW 70th
Seattle, WA 98117

Patient Agreement to Various Modes of Communication

This form allows you, as the patient; to choose how you would like this clinic to communicate with you.

I make every effort to insure patient privacy. However emails to patients are not encrypted, and there is no guarantee of privacy with un-encrypted e-mail, and/or texting. Thus this clinic would like your permission before these forms of communication are used for scheduling, communication about health concerns, or explanation of herbal formulas.

Please circle your preferred mode of communication:

- E-mail e-mail address _____
- Phone phone #'s _____
- Text cell phone # _____

This clinic has an automated system for reminding you via email of your appointments. I would like to receive automated reminders 1 week and 1 day before my appointments.
 Yes No

This clinic will not typically initiate text communication with you. However if you send a text do I have your permission to reply via text. Yes No
The one time I will initiate a text is if you are late for an appointment. Do I have your permission to do this? Yes No

May I leave a brief phone message requesting that you call the acupuncturist? Yes No
May I leave a detailed message with health related information? Yes No
Best phone number for this _____

By signing below, I acknowledge that I have read and agreed to the modes of communication described above. I specifically waive compliance with state and federal patient health privacy with respect to the above designated forms of communication.

Signature of patient or personal representative _____

Print name of patient _____ Date _____