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ACUPUNCTURE & WELLNESS

Consent for Telephone and Email Appointment Reminders and Treatment Alternatives

Your acupuncturist and members of this practice staff may need to use your name, address, phone number, email address and your clinical records to contact you with appointment reminders and information about treatment alternatives. If this contact is made by phone and you are not available, a message will be left on your answering machine or voicemail, or with the person answering the phone. By signing this form, you are consenting for us to contact you with these reminders and information and to leave messages on your answering machine or with individuals at your home or place of employment.

Information that we use or disclose based on this consent may be subject to re-disclosure by anyone who has access to the reminder or other information and may no longer be protected by federal privacy rules.

You have the right to refuse to give us your consent to use your telephone number and/or email address for appointment reminders and treatment alternatives. If you choose to give your consent, you have the right to revoke it, in writing, at any time in the future. If you refuse to give us consent or revoke it in the future, it will not affect the treatment we provide to you or the methods we use to obtain for reimbursement for your care.

You may inspect or copy the information that we use to contact you to provide appointment reminders or information about treatment alternatives at any time.

Our office also infrequently sends out other information via mail or email. These include, but are not limited to, birthday cards, information on changes at the clinic which may affect you, and newsletters, and are meant to ensure the best care possible.

This consent is effective as of _____. Unless you otherwise revoke it, this consent will expire one year after the date on which you last received treatment or services from us.

I CONSENT to my phone number and/or email address being used in the manner described above. I am also acknowledging that I have received a copy of this consent.

Patient Name Printed

Date

Patient (Personal Representative) Signature

Authorized Provider Representative

Personal Representative's Name Printed

Personal Representative's Authority

Preferred Telephone Number for This Purpose: _____ OK to text message? Y N

Preferred Email for This Purpose: _____

Melissa Graf, L.Ac
608-301-5799/503-956-1363(cell)
Originsacupuncture@gmail.com