



Physician's Weight Control and Wellness Centers

2122 Austin Av
Waco, TX 76701
254-754-1438 Fax 254-754-4354

Consent for Use of Email Communication

To better serve our patients, this office has established an email address for some forms of communication. For routine matters that do not require immediate response, please feel free to contact us at info@DrWeightControl.com. The turnaround time for routine patient communications using email is two to three business days. Please do not use email in emergency situations. **Should you require urgent or immediate attention, please call the office.**

When you are sending email to our office, please put the subject of your message in the subject line so we can process it more efficiently. Most emails with no subject end up in the spam folder. Be sure to put your name, date of birth and return telephone number in the body of the message. Since this email address goes to one central location, tell us the office you are trying to contact (Arlington, Dallas or Waco) in your email to us.

If you are sending an email to one of our doctors put his name in the subject area so that the email can be routed appropriately.

This office is dedicated to keeping your medical record information confidential. Communications relating to diagnosis and treatment will be filed in your medical record. We will not be emailing that information to you.

IT IS YOUR RESPONSIBILITY TO REMEMBER YOUR APPOINTMENT TIME

As a courtesy to you we try to email appointment reminders but on occasion we are not able to process the reminders. *Do not depend on receiving appointment reminders to remember your next appointment.* **If you miss your appointment it will be considered a no-show** regardless of whether or not you get an emailed reminder. Please initial that you have read and understand that it is your responsibility to remember your appointment time. _____

By signing below, you are agreeing that you understand this policy and that we may send correspondence to you via email, and that we may respond to your emails to us via email.

Yes, I would like to have a copy of this Email Policy (please initial on the line) _____

No, I do not need a copy of this Email Policy (please initial on the line) _____

Patient signature

Date of Birth

Your email address

Date

Office Use Only

This Email Policy was reviewed with patient by _____
initial