

**Physician's Weight Control and
Wellness Centers**

716 Lincoln Square
Arlington, TX 76011
817-277-3469 Fax 817-277-9309
www.DrWeightControl.com

Information Regarding 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 this email address is three to four business days. **Do not use this email to cancel or reschedule your appointment. Since this is not a routinely monitored email address a no show will result if you miss your appointment.** Do not use this email address to discuss your medications or ask medical questions.

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. 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.

Medication Refill Authorizations are to be sent to Arlington@DrWeightControl.com.

Consent for Use of Email Communication

*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. _____

Please do not use email in emergency situations. Should you require urgent or immediate attention, please call the office.

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