

Email Communication Request and Authorization

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This request is for the use of email communication as an additional or alternate channel of communication of my health information and does not replace the use of the telephone number(s) and mailing address that I have provided previously.

I, _____ (print name) hereby request and authorize Dr. Teper and her staff to use email as one of the channels for the communication of information related to my personal health, treatment or payment for treatment.

E-mail

You may contact me at the following email address:

Notice to patient: Please do not use e-mail for urgent or sensitive matters. If you need a prompt response, please telephone. For an emergency, dial 911. When you send an e-mail to us, include your full name and a telephone number where you can be reached.

I understand that e-mail messages may not be confidential or timely,

Print name: _____

Signature: _____

Date: _____