



# Arizona Natural Medicine Physicians, PLLC

Db a Arizona Natural Medicine ®

*We Listen. We Care. We Change Lives.*™

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## CONSENT FOR PHONE/EMAIL MESSAGES & NEWSLETTER

Arizona Natural Medicine Physicians, PLLC, Db a Arizona Natural Medicine® has adopted a policy that requires our staff to obtain authorization from the patient to release and/or leave detailed messages. In order to create a doctor patient relationship that fosters good communication, it is essential to have your authorization to leave detailed information. This information pertains to responding to clinical questions, disclosing lab and test results and questions about your health care and treatment plan. Maintaining patient confidentiality is of highest priority. Therefore, we need your authorization to leave detailed messages.

**I understand that as part of my health care and treatment, my doctor and/or staff at Arizona Natural Medicine Physicians, PLLC, may need to reach me by phone or email.**

(  ) **I DO** authorize Arizona Natural Medicine Physicians, PLLC, including physicians and staff, to leave a message regarding communication of my health care treatment such as lab results, clinical information, billing and/or appointment needs on my cell, home or work phone and/or my email address.

My **PREFERRED** method of communication between office visits is checked below:

(  ) Home telephone (  ) Cell phone (  ) Work phone (  ) E-mail \_\_\_\_\_

(  ) **I DO NOT** authorize Arizona Natural Medicine Physicians, PLLC, including physicians and staff, to leave a message regarding communication of my health care treatment such as lab results, clinical information, billing and/or appointment needs. **I understand that selecting this option may result in delayed communication of pertinent treatment information such as appointment confirmations, billing communication or clinical call backs. I understand I will need to make an appointment to obtain this information.**

## APPOINTMENT REMINDERS

As part of our electronic medical records (EMR) system, appointment reminders are given as a courtesy and will be conducted either by e-mail or text message. Our 24 hour cancellation policy applies. Please select your preferred method of contact for appointment reminders below:

(  ) E-mail \_\_\_\_\_  
(  ) Text - phone number to be used ( \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ )

It is the responsibility of the patient or guardian to update our office on changes in cell numbers or any other information that would prevent us from giving you a courtesy appointment reminder.

Patient Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_  
Patient/Parent/Guardian Signature \_\_\_\_\_

## ARIZONA NATURAL MEDICINE® NEWSLETTER

We offer a free monthly newsletter with original and cutting edge health related articles on wellness, nutrition and Naturopathic medicine. We also communicate with you this way, from time to time, to update you on office policy updates and/or other exciting changes in our the office. It is easy to sign up for the newsletter on our website (directly in the right sidebar on any page other than the home page where it says "Sign Up For Our Newsletter") but we are happy to sign you up. Our newsletter is free to family and friends.

Is it okay to sign you up for the Arizona Natural Medicine® Monthly Newsletter to get free health tips and office updates?

(  ) Yes (  ) No

My email address is (please print clearly) \_\_\_\_\_

Patient Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Patient/Parent/Guardian Signature \_\_\_\_\_