

Beverly Fornoff, Licensed Acupuncturist
Confidentiality/Privacy/Permission to Contact Form

Confidentiality

Any information you, as patient, provide to me as your acupuncturist is maintained confidentially. I will not release this information except with your consent, unless required by law.

Contact Information

Your Name: _____

Mailing Address: _____

Home Telephone: _____

Work Telephone: _____

Other Telephone: _____

Email: _____

Personal Physician: _____

Person to notify in emergency: _____

Privacy/Preferences

What is the best way to contact you, if an appointment needs to be changed?

May I leave a message?

Would you like to receive mailings of special events or educational information?

Date: _____

Signature