

## Email Policy—Informed Consent

Emerald City Naturopathic Clinic physicians provide email consultations according to the following guidelines:

1. For established patients of Emerald City Clinic;
2. For non-emergent issues;
3. In cases where the doctor determines that an office visit is not necessary or possible;
4. For clarification of on-going treatment or treatment received within the past 30 days; **no new health issue will be addressed by email consultation.**
5. When the doctor can address the concern with a single reply, requiring 10 minutes or less.
6. When the above conditions apply, and the patient has signed an informed consent acknowledging this policy.

If the doctor receives an email about a condition that in her opinion cannot be properly assessed without an office visit, the patient will be notified by return email to schedule an appointment, with time frame recommended. In this case, no treatment advice will be given by email.

Doctors generally respond to emails within 24 hours, Monday through Friday only. **If you have not received a response within these parameters, call the office at 206-781-2206 and leave a phone message for the doctor**, stating your question and/ or concern. If your concern becomes urgent, you may page the doctor. Call the office for your doctor's pager number. A pager fee will apply.

Email communication with the doctor and the doctor's reply become part of the patient's permanent record—a copy is added to the patient's medical chart. Email communication is password protected for patient privacy—no one but the doctor can access your email communication.

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I, \_\_\_\_\_ (Patient Name), have read the above policy of Emerald City Naturopathic Clinic, Inc., P.S. for consultation by email. I have had an opportunity to ask questions about this policy. I understand the policy, and the conditions which are required for email consultation. I realize that I may not receive a response for up to 24 hours, and am expected to call the office to leave a message for the doctor by phone if I have not received a reply in that time frame. I agree to abide by the above email policy if I contact my doctor by email.

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Patient Signature

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Date