



## Integrative Neurology, Sleep & Acupuncture

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I hereby authorize Dr. Winfred Poayi Wu to utilize electronic mail to communicate clinical information to me. I acknowledge and understand that such email may contain personal and private medical information of mine including, but not limited to, my name, address, social security number, date of birth, race and ethnicity demographics, types and dates of health care services received, name and address of the provider administering each health care service, insurance coverage information and/or test results (the "Medical Records").

I acknowledge and understand that, although Dr. Wu may engage in certain practices in order to protect the privacy of the contents of any email sent to me and will take all reasonable measures to protect my privacy, the email messages sent to me are not encrypted and travel over the Internet and, as a result, there is a risk that the email will be intercepted and read by third parties to whom the email is not directed. In authorizing Dr. Wu to send me email, I assume the foregoing risk.

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I understand that email, phone and fax communication is not a substitute for medical care and evaluation. I must arrange for an office appointment to assure appropriate care.

I acknowledge that Dr. Wu will only use my contact information for communication with me and will not sell, transfer or otherwise disclose my e-mail address, phone number, or any of my other personal information to any third parties.

I understand that I am responsible for notifying Dr. Wu if I chose to discontinue email communication or if my email address has changed.

I have read and fully understand the meaning of this authorization.

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