

# AUSTIN EYE

MITCHEL WONG, M.D. SHANNON M. WONG, M.D. JOHN D. ODETTE, M.D. MARIE BUI, M.D. WHITNEY CANSLER, O.D.

Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: (circle one) Single Married Divorced Widowed Gender: (circle one) Male Female

Race: (Circle One) Caucasian African-American Asian Latino Other (Please Specify): \_\_\_\_\_

Ethnicity: (Circle one) Hispanic Non-Hispanic Preferred Language: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Email: \_\_\_\_\_

Person Responsible for Bill: \_\_\_\_\_

Employer (Name and Address): \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Spouse or Parents: \_\_\_\_\_

Person to Notify for Emergency: \_\_\_\_\_ Phone No. \_\_\_\_\_

To better serve our patients, this office uses email for some forms of communication. For routine matters that do not require immediate response, please feel free to contact us at [Shannon@austineye.com](mailto:Shannon@austineye.com), [Mitchel@austineye.com](mailto:Mitchel@austineye.com), [Jodette@austineye.com](mailto:Jodette@austineye.com), [Marie.bui@austineye.com](mailto:Marie.bui@austineye.com), or [Whitney.Cansler@austineye.com](mailto:Whitney.Cansler@austineye.com). Please remember however, that this form of communication is not appropriate for use in an emergency. The turnaround time for routine patient communication is one business day. The service provider may delay message delivery. **Should you require urgent or immediate attention, this medium is not appropriate.**

When you send email, please put the subject of your message in the subject line so we can process it more efficiently. Also, be sure to put your name, date of birth, and return telephone number in the body of the message. We also ask that you acknowledge receipt of emails coming from this office by replying.

*Communications relating to diagnosis and treatment may be filed in your medical record.*

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of email, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email corporate property and your messages may be monitored. Even when emailing from home, please take into consideration that you may feel that access to your email is not well controlled. In addition, please be aware that, although addressed to your doctor, Austin Eye's staff and/or your doctor's colleagues would have access to this information.

By signing the email policy acceptance on the front of this document, you acknowledge the following:

**I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond this office's control.**

**I understand and agree to the above email policy.**

**By signing, I agree that Austin Eye Clinic may send health-related correspondence to me via email, and that Austin Eye may respond to my emails via email.**

**\*I understand and agree to the email policy on this document:** (initials) \_\_\_\_\_