

Note: You may print this, complete it at home, and bring to the clinic, or come to office and complete a form here.



## **Douwe Rienstra, MD**

242 Monroe Street  
Port Townsend, WA 98368  
360 385 5658  
fax 360 385 5142  
[medical@olympus.net](mailto:medical@olympus.net)

### **Email Service Agreement**

I wish email service from the Monroe Street Medical Clinic (the Clinic). I agree to these conditions.

- While I will ask what I believe to be a brief question, I accept that Dr Rienstra may not be able to provide a brief response, in which case there is no charge for service.
- My question won't require a physical examination to answer.
- I will use email only for non-urgent questions, as Dr Rienstra often does not check his email for many hours and, if on vacation, for many days.
- I will give the clinic information to allow my credit or debit card to be charged at the time of service. I will notify the clinic when this payment information changes. I will pay the rate listed on the RienstraClinic.com website.
- I understand that email may not reach Dr Rienstra for reasons beyond our control, from a spam filter or other internet problem. I will telephone the clinic if required to be sure my email has been received and my medical needs are addressed.
- Federal HIPAA (Health Insurance Portability and Accountability Act) regulations recommend encryption of medical email, which the Clinic currently does not do. Private healthcare information sent through the Internet may be intercepted by hackers. I will not use this service for situations in which violation of my privacy would cause me distress or harm.

The Clinic agrees

- We will charge your debit or credit card only if 1) we can answer your question and 2) do it within the time and money constraints you specify.
- We will not raise rates for this service without a two month notice on our website.
- If, as a result of evaluating your question, we recommend an office visit or phone consultation, there is no charge for the email.
- If appropriate, we may email an information sheet, a link to information on our website, a voice recording you can play on your computer, or we may call your private phone and leave a message, or talk to you if you answer. Dr Rienstra may suggest a home remedy from our non-profit nutritional dispensary.

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Patient printed name

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Signature

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Date