

Theresa Martez, ND, LMP
Stacy Bowker, ND
Rebekah Oldenkamp, ND



Cassandra Hurd, ND, LM
Jennifer Read, ND, LAC
Charleen VanHorn, LAC

110 Cedar Avenue, Suite 101, Snohomish, WA 98290 Phone: 360-282-4014 Fax: 360-282-4017

Acknowledgement of Receipt:

Notice of Privacy Practices:

- I have been offered a copy of the Notice of Privacy Practices for the Practitioner that I am seeing. For future reference, I may access a copy at the front desk or on the website.

Signature of Patient or Responsible Party

Date

Acknowledgement of Confidentiality:

- **Voicemail (please check one circle):**

I hereby give permission for Cedar Avenue Integrative Medicine to leave the following on my voicemail:

- Detailed medical information
- Limited medical information (please specify with your provider)
- Billing and appointment information

Signature of Patient or Guardian

Date

- **Email (please check one circle):**

I hereby give permission for Cedar Avenue Integrative Medicine to leave the following on my email:

- Detailed medical information
- Limited medical information (please specify with your provider)
- Billing and appointment information

Signature of Patient or Guardian

Date

Print Patient Name

Date of Birth