



Communication Policy

I, _____, understand that due to patient privacy concerns, **Executive Medical Clinic of Lake Charles** cannot communicate with patients via social media in reference to medical concerns or questions. The term “social media” is used to describe all social networks, such as Facebook, Twitter, Instagram, etc. I understand that the appropriate forms of communication within the patient information security guidelines of HIPAA are the following:

- Call the clinic at **(337) 210-1260** to schedule an appointment or leave a message for a provider.
- Send a private message via our patient portal at

<https://patientportal.advancedmd.com/account/LogOn?lk=141060>

By signing this notice, I am agreeing to abide by the communication policy of **Executive Medical Clinic of Lake Charles**. I understand these guidelines were put in place to protect my privacy. I understand that in the event I do contact **Executive Medical Clinic of Lake Charles** through social media, they will not be able to address my health questions, including scheduling or cancelling appointments.

Signature: _____

Date: _____

Witness: _____

Date: _____