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It is our office policy to try to contact every patient by phone whenever follow-up information needs to be given for test results, further care needs, etc. Most of these calls will be made during business hours, and we often encounter only message machines or voice mail when we make calls. Please provide the telephone number that you would prefer us to use to contact you about your medical information and needs.

Daytime Telephone (_____) _____ - _____

Please check one of the following to indicate your wishes:

_____ 1. Dr. Sun or his staff may leave medical information on my answering machine or voice mail. This may include test results, diagnosis, and recommendations

Or

_____ 2. I would like Dr. Sun or his staff to leave only a message to return their call. I acknowledge that this may delay my receipt of important information

Signed _____ Date _____

ELECTRONIC MAIL

In addition, we may soon be implementing e-mail as a means to communicate certain specific information. This may include appointment reminders, cholesterol and diabetes test results, or perhaps other laboratory results. Significantly abnormal results will still be communicated by telephone. Additionally, the law states that information regarding hepatitis testing, HIV antibody testing, the abuse of drugs, and tests of body tissues such as biopsies or Pap smears, can never be transmitted by e-mail. You must realize, however, that **email is not a secure means of communication, and it may reach sources other than those you intend.** Also, please do not provide a work e-mail address, as all company e-mail is usually saved on work computers regardless of whether the message has been erased, and your medical information should not be readily available to your employer. Please check one of the following:

_____ 1. I prefer not to use e-mail for communication

Or

_____ 2. When it becomes available, I would like Dr. Sun or his staff to contact me by e-mail for appointment reminders, test results, and recommendations. I understand that e-mail is not a totally secure means of information transmission

Home e-mail address (please print) _____

Signed _____ Date _____