



Patient Communication

Voice Messages:

_____ (initials) I understand brief messages from the dental practice may be left on my home answering machine or with anyone who answers the telephone at my home unless I have provided the practice with alternate instructions for communication.

Email:

Unencrypted email is not a secure form of communication.

There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive unsecured email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication.

_____ (initials) I consent and accept the risk in receiving information via unencrypted email. I understand I can withdraw my consent at any time.

My email address is: _____

_____ (initials) I consent to receiving appointment reminders via unencrypted email. I understand the minimum necessary information is used in these reminders. I understand I can withdraw my consent at any time.

_____ (initials) I do not consent to receiving any information via email. I understand that I can change my mind and provide consent later.

Cellphone:

_____ (initials) I consent to the dental practice using my cellphone number to (choose one or both)

call

text

Regarding appointments and to call regarding treatment, insurance and my account. I understand that I can withdraw my consent at any time.

My cellphone number is (include area code) _____

***We do not accept any cancellations or rescheduling by text message. Only confirmations & quick questions.**