

# **Patient Consent for Electronic Communication**

You have requested that our practice communicate with you either electronically OR text via cell phone. By utilizing our practice's electronic services, you agree that DEMARTIN DENTAL ASSOCIATES, PC may send to you any of the following that you identify as communication that can be sent through the Internet to an email address or a text via cell phone that you designate.

## **Consent and Acknowledgement**

I \_\_\_\_\_, in the presence of my dentist or the dental practice's privacy official, agree that the practice may electronically communicate with me at the following email address or text via cell phone. **(Check one) EMAIL:** \_\_\_\_\_ **TEXT via cell:** \_\_\_\_\_

**Cellular carrier:** \_\_\_\_\_ **Cell ph#** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Patient's Date of Birth (for verification purposes) \_\_\_\_\_

I acknowledge that the practice may send the following to my email or via text to my cellular **Check each that apply**, and then provide your **initials at the end** of each item selected.

- Information about my invoice or accounts payable. \_\_\_\_\_ (initials)
- Information about any dental visit. \_\_\_\_\_ (initials)
- Email confirmation or text via cell phone of appointments/reminders. \_\_\_\_\_ (initials)
- Records request to or from Demartin Dental with other professional Dental/Medical offices \_\_\_\_\_ (initials)

**(I understand this will be the only confirmation of appointments and agree to provide 24 hour notice should I need to cancel/reschedule)**

## **Acknowledgement**

**You must acknowledge each of the following before we can send communications electronically or text via cell phone.**

\_\_\_\_\_ All electronic communications from our practice will be encrypted.

\_\_\_\_\_ I am responsible for providing the dental practice any updates to my email address or cell phone number.

\_\_\_\_\_ I am able to receive information electronically & via text message and store it securely away from any public computer or cell phone.

\_\_\_\_\_ I can withdraw my consent to electronic communications at any time by calling 203-255-0468.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_