

Oceanview Dental Specialists
17 Rogers Street, Suite 3-2
Gloucester, MA 01930
978-283-6252

Patient Communication Consent Form

Patient Name: _____ Date: _____

Agreement to Receive Electronic Communication

I agree that Oceanview Dental Specialist's dental office may communicate with me electronically at the email address below. I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I am responsible for providing Oceanview Dental Specialist's office with any updates to my email address. I can withdraw my consent to electronic communications by calling (978) 283-6252 or emailing office@oceanview-dental.com .

Email Address: _____

Text Message Account Alerts

☐ Opt IN for text messaging

☐ Opt OUT for text messaging

By opting in, I hereby authorize Oceanview Dental Specialist's office to send text message appointment reminders or communicate with me on my provided cell phone number. I understand that when prompted, I may confirm future appointments using this text messaging service. By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account dependents. Text message charges from my cell phone provider may apply (if no text messaging plan).

Cell Phone #: _____

☐ I prefer to not participate in electronic communication via email or text messaging.

Please call me at this number regarding appointment confirmations, information about treatment, payment, or regarding my account instead.

Phone #: _____

My signature below indicates that I agree to all the terms and conditions of use for the services I have opted in for and the information that has been provided. I understand that I can opt out at any time.

Signature: _____ Date: _____