

Patient Communication

Messages: 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. _____ (initial)

Email: Except for appointment reminders, we use secure methods to electronically communicate with our patients. **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. Our first email to you will verify your email address.

I consent and accept the risk of receiving information via unsecured email. I understand I can withdraw my consent at any time. My email address is _____ (initial)

I consent to receiving appointment reminders only via unsecured email. I understand I can request an alternate method of appointment reminders at any time. My email address is _____ (initial)

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

Cellphone:

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

Patient Acknowledgements

I hereby acknowledge that a copy of this practice's **Notice of Privacy Practices** has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Notice. _____ (initial)

I hereby acknowledge that a copy of this practice's **Dental Materials Fact Sheet** has been made available to me. I have been given the opportunity to ask any questions I may have regarding this Fact Sheet. _____ (initial)