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Agreement to Receive Electronic Communication (Email and Texting Permission)

Patient Name: _____ Date of Birth: _____

I agree that the dental practice may communicate with me electronically at the email address and/or texting below.

I am aware that 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 email or text from us regarding your dental treatment. We will use the minimum necessary amount of protected health information in any communication.

I consent and accept the risk in receiving all information via unsecured email or text. I understand I can withdraw my consent at any time.

My email address is: _____

My Texting Cell Phone Number: _____

I do not consent to receiving any information via email or text. I understand that I can change my mind and provide consent later.

I can withdraw my consent to electronic communications by calling: 916-688-1990 or
Email: admin@newdentalimages.com

Patient Signature: _____

Date: _____