

## Agreement to Receive Electronic Communication

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**(Initial below)**

I \_\_\_\_\_ DO AGREE

I \_\_\_\_\_ DO NOT AGREE

That the dental practice may communicate with me electronically at the email address and/or mobile phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/or mobile phone number.

Text Messaging \_\_\_\_\_

Email \_\_\_\_\_

You may receive:

- Appointment Reminders/Recall Visits
- Information regarding insurance/billing
- Requests for Patient Satisfaction online reviews

**I can withdraw my consent to electronic communications at anytime by calling:**

**Jill Kinsella DMD 618-744-1969**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reproduction of this material by dentists and their staff is permitted. Any other use, duplication or distribution by any other party requires the prior written approval of the American Dental Association. This material is for general reference purposes only and does not constitute legal advice. It covers only HIPAA, not other federal or state law. Changes in applicable laws or regulations may require revision. Dentists should contact qualified legal counsel for legal advice, including advice pertaining to HIPAA compliance, the HITECH Act, and the U.S. Department of Health and Human Services rules and regulations.