



## **PATIENT CONSENT FOR ELECTRONIC COMMUNICATION**

By agreeing to receive electronic communication from our office, you understand the risks of receiving information via e-mail or text messaging. All electronic communications from our office to you will be sent from our secured, non-encrypted server.

There is some risk that any individually identifiable health information and other confidential information that may be contained in such an e-mail or text message may be misdirected, disclosed to, or intercepted by unauthorized third parties. However, you may consent to receive e-mail or text messaging from us regarding your treatment.

### **Initial Below:**

\_\_\_\_\_ I consent and accept the risk in receiving information via e-mail and/or text messaging. I understand I can withdraw my consent at any time.

\_\_\_\_\_ I do not consent to receive any information via e-mail and/or text messaging.

### **I agree to the following information to be communicated electronically:**

- Appointment reminders/changes
- Treatment Plan
- Account Payments/Cost Estimates
- Insurance Information and Coverage

### **Please provide your preferred method of electronic communication:**

Text Messages to the following number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I further agree that I am responsible for providing Beautiful Smiles any updates to my e-mail address and/or mobile phone number.

Please contact our office at (469) 969-0169 or [info@beautifulfamilysmilesdentistry.com](mailto:info@beautifulfamilysmilesdentistry.com) for any questions.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date