

## Consent for Electronic Communication

### Consent and Acknowledgement

I, \_\_\_\_\_, in the presence of my dentist or the dental practice's privacy official, agree that the practice may electronically communicate with me at the following email address.

Email Address \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

I acknowledge that the practice may send the following to my email. Check each that apply, and then provide your initials at the end of each item selected.

- Information about my invoice or accounts payable. \_\_\_\_\_ (initials)
- Information about a specific dental visit. \_\_\_\_\_ (initials)
- Information about any dental visit. \_\_\_\_\_ (initials)

### Acknowledgement

You must acknowledge each of the following before we can send communications electronically.

\_\_\_\_\_ All electronic communications from our practice will be encrypted.

\_\_\_\_\_ I am responsible for providing the dental practice any updates to my email address.

\_\_\_\_\_ I am able to receive information electronically and store it securely away from any public computer.

\_\_\_\_\_ I can withdraw my consent to electronic communications by calling (206)542-7000 or 1-877-CALL-HWD.

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_