



*Edgewater Dental*

## Electronic Communications Consent Form

You have a choice of how we communicate with you. For convenience, you may request that we communicate with you via unencrypted email or text messages – however, we are required to warn you of the security risks. Unencrypted emails and text messages are not secure while being sent between our server and your inbox. There is a possibility that the messages can be intercepted and read by a third party and that you would never know it happened. Additionally, these messages are often stored on unsecure devices such as shared computers and smart phones. Despite taking precautions, it is also possible for messages cannot be recalled. They can also be sent to someone who has a previous number of yours if it is not updated. If you are over 18, you will need to express your communication method.

If you would still like us to communicate with you via email or text, please indicate below and provide your preferred email address and/or phone number. Otherwise, please indicate that you would like to communicate via secure methods such as phone, in-person, secure web portal or the postal service.

### Preferred Communication Method:

#### *Name of Patient* \_\_\_\_\_

I understand the risks of unencrypted email and text messages and hereby give permission to **Edgewater Dental** to communicate with me and share my protected health information via:

#### **Please check the methods you would like us to use**

Text message: \_\_\_\_\_ (cell phone number)

Email \_\_\_\_\_

Family members to communicate with:

\_\_\_\_\_

I prefer that you contact me only by phone, in-person, secure web portal or the postal service.

**By signing**, I understand it is my responsibility to update my email address and cell phone number with **Edgewater Dental** in the event of changes to this personal contact information.

Signature \_\_\_\_\_

Date \_\_\_\_\_