

## EMAIL COMMUNICATION CONSENT FORM

I consent and accept the risk of receiving information via email. The hygienist and staff use email to contact you regarding your family members' treatment and appointments. Email is not a private secure form of communication and there is some risk that the protected health information and other sensitive or confidential information contained in such email may be misdirected, disclosed to, or intercepted by unauthorized third parties. Our practice will use the minimum necessary to protect health information and any email communications. Your email address will never be published or shared and you can withdraw your email consent at anytime.

Patient Name:

Signature: (Conservator/Power of Attorney)

Date:

Email Address: