

# Consent for Electronic and Cellular Communication

## Electronic Communication Release

You have requested that the dental practice of Cheryl E. McDonough, DMD, APC, communicate with you electronically. By utilizing our practice's electronic services, you agree that we may send you any of the following information as designated by you to the e-mail address you have provided.

Consent and Acknowledgement:

I, \_\_\_\_\_, in the presence of my dentist of the dental practice's privacy official, agree that the practice may electronically communicate with me at the following e-mail address:

**E-mail address:** \_\_\_\_\_

Patient's date of birth (for verification purposes): \_\_\_\_\_

I acknowledge that the practice may send the following to my e-mail. Please initial all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Information about my Accounts Payable or invoice | <input type="checkbox"/> Information about a <i>specific</i> dental visit |
| <input type="checkbox"/> Information about <i>any</i> dental visit        | <input type="checkbox"/> Reminders that I am due to see the dentist       |

## Acknowledgement

Please acknowledge each of the following:

- All electronic communication from our practice will be encrypted
- I am responsible for providing the dental practice with any updates to my e-mail address
- I am able to receive information electronically and store it securely away from any public computer
- My e-mail address will not be shared with any third party for solicitation purposes, ever
- I can withdraw my consent to electronic communications at any time by calling the dental practice at (949) 492-0042

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Cellular Communication Release

I consent to the dental practice of Cheryl E. McDonough, DMD, APC, to use my cell phone number that I have personally provided ( ) \_\_\_\_\_ to (circle one or both) **CALL** or **TEXT** regarding appointments, treatment, insurance, and/or my account. I understand I can withdraw my consent at any time.

Please initial: \_\_\_\_\_ Date: \_\_\_\_\_