

Email and Text Messaging Program Patient Information Form

We provide our patients the option to participate in our online patient communication system.

Some of the system features allow you the ability to:

- . Request Appointments via Email
- . Confirm Appointments via Email
- . Receive Text Message Appointment Reminders
- . Submit Patient Satisfaction Surveys
- . Refer Your Friends Online

You may opt-out of your communications at any time by clicking the unsubscribe link found in the footer of each email, or by replying to a text message with "STOP" Standard text messaging rates apply.

Please Verify Your Contact Information

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

We use this information to provide with you excellent treatment. We may disclose Patient Health Information (PHI) to third parties that perform services for this practice in the administration of your benefits in accordance with HIPPA. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Cosmetic and Implant Dental Associates in the administration of your benefits. Our affiliates do not sell, share or rent our users personally identifiable information unless required by law, do not send any e-mail or other communications without user permission, and do not send spam.

Please sign below to indicate that you agree to allow us to use this in providing your services.

Signature _____ **Date** _____