

## Electronic Communication Consent Form

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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 smartphones. Despite taking precautions, it is also possible for messages to be sent to the wrong email or phone number, and once sent, these messages cannot be recalled.

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.

Patient Name: \_\_\_\_\_  
(Relationship to patient if Minor)

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

- text message: \_\_\_\_\_  
(cell phone number)
- email: \_\_\_\_\_  
(email address)

By signing I am agreeing that it is my responsibility to inform Zirker Family Dentistry if my contact information changes.