



SmileSanClemente.com

EMAIL AND SMS COMMUNICATION RELEASE

Patient Name: _____

Patient E-mail and Text Messaging

Due to the changing world of healthcare and technology, we now have the ability to provide our patients with certain types of information via e-mail and/or text messaging.

Communication Type- (Please select all that apply):

☐ Email & Text

☐ Email Only

☐ Text Only

☐ None

We believe strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. In order to protect your privacy, no confidential or personal information will be sent from us via email or text messaging. We do not share the names, e-mail addresses, and/or telephone numbers of patients with any other companies, or with any other patient.

HIPPA Consent & Acknowledgement

I do hereby consent and acknowledge the terms set forth in the "HIPPA INFORMATION FORM" and any subsequent changes in the office policy. I understand that this consent and acknowledgement shall remain in force indefinitely.

I do hereby acknowledge that I have received a copy of the dental Facts Material Sheet.

By placing my signature below, I acknowledge that I have read and understand the above statement on emails and text messages. I hereby give permission to send messages to me via the selection(s) indicated below as means of communication. Should I have any questions, I can contact the practice at any time.

Signature : _____

Date: _____