



Consent for Electronic Communication

Consent and Acknowledgment

I, _____, in the presence of my dentist or the dental practice's privacy official, agree that the practice may electronically communicate with me at the following email address:

Email Address _____

Patient's Date of Birth _____

I acknowledge that the practice may send the following to my email. (Check each that apply, and then provider initials at the end of each item selected.)

- Information about my invoice or accounts payable. _____ (initials)
- Information about a specific dental visit. _____ (initials)
- Information about any dental visit. _____ (initials)

Acknowledgment

You must acknowledge each of the following before we can send communications electronically.

- _____ All electronic communications from our practice will be encrypted.
- _____ I am responsible for providing the dental practice with any updates to my email address.
- _____ I am able to receive information electronically and stored securely away from any public computer.
- _____ I can withdraw my consent to electronic communications by calling (206) 542-7000.

Patient's Signature _____ Date _____