

**Agreement to Receive Electronic Communications of PHI for**

**David L. Ward, D.D.S., P.C.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree that the dental practice may communicate with me electronically at the email address below.

**I am aware that there is some level of risk that third parties might be able to read unencrypted emails.**

I am responsible for providing the dental practice any updates to my email address.

I can withdraw me consent to electronic communications by calling 432-267-1677 (practice's telephone number).

Email Address (**PLEASE PRINT CLEARLY**): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*This information is reserved to our practice. We do not sell or distribute information to anyone without patient's consent.*

This material for general reference purposes only and does not constitute legal advice. It covers HIPPA only, no other federal or state law. Changes in applicable laws or regulations may require revision. Dentists should contact qualified legal counsel for legal advice, including advice pertaining to HIPPA compliance, the HITECH Act and the U.S. Department of Health and Human Services rules and regulations.