

Patient Name: _____

I request that the following communications from Green Valley Dentalcare be delivered to me by the electronic means I have provided. I understand that this form of communication may not be secure, creating a risk of improper disclosure to unauthorized individuals. I am willing to accept that risk and will not hold the practice liable or responsible and shall indemnify, defend, and hold harmless the practice should such an incident occur.

Communications	Email	Text
Appointment reminders	<input type="checkbox"/>	<input type="checkbox"/>
Information about invoices or accounts payable	<input type="checkbox"/>	<input type="checkbox"/>
Information about any dental appointment	<input type="checkbox"/>	<input type="checkbox"/>
Records request to or from Green Valley Dentalcare with other Dental/Medical offices	<input type="checkbox"/>	<input type="checkbox"/>

Cell Phone _____

Email _____

Acknowledgment and Agreements

I acknowledge and agree that the requested communication method may not be secure, putting my Personal Health Information (PHI) at risk of receipt by unauthorized individuals. Although I acknowledge that Green Valley Dentalcare takes certain reasonable steps to protect my PHI, I accept the risk and will not assert any claims, demands, lawsuits, administrative claims, or other actions against the practice in any way if there is a transmission of PHI to an unauthorized party. I further agree to indemnify, defend, and hold Green Valley Dentalcare harmless from and against any resulting claims, even if the result of negligence or willful actions.

Patient Signature

Date

Request Received by

Date