

Patient Consent for Electronic Communication

You have requested that our practice communicate with you electronically. By utilizing our practice's electronic services, you agree that **Nicole J Manigault DDS PLLC** may send to you any of the following that you identify as communication that can be sent through the Internet to an email address you designate.

Consent and Acknowledgement

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 (for verification purposes) _____

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

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

Acknowledgement

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 any updates to my email address.

_____ I am able to receive information electronically and store it securely away from any public computer.

_____ I can withdraw my consent to electronic communications by calling 336-835-3337.

Patient's Signature _____ Date _____

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