DISTRICTDENTAL

PATIENT CONSENT FOR USE OF EMAIL COMMUNICATIONS

To better serve our patients, this office has established an email address for some forms of communication. For routine matters that do not require immediate response, please fill free to contact us at the email address for your physician's clinical support staff (see list below). Please remember however, that this form of communication is not appropriate for use in an emergency. The turnaround time for routine patient communication is 3-5 business days. The service provider may delay message delivery. **Should you require urgent or immediate attention, this medium is not appropriate.**

When sending email, please put the subject of your message in the subject line so we can process it more efficiently. Also, be sure to put your name, patient ID number and return telephone number in the body of the message. We also ask that you acknowledge receipt of email coming from this office by using the auto reply feature.

Communications relating to diagnosis and treatment will be filed in your medical/dental record.

This office is dedicated to keep your medical/dental record information confidential. Despite our best effort, due to the nature of email, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email corporate property and your message may be monitored. Even when emailing from home, you may feel that access to your email is not well controlled, so you should take that into consideration. In addition, you should be aware that, although addressed to me, my staff and/or colleagues would have access to this information.

In addition to medically/dental-related messages, we may also communicate with you via email regarding billing matters, distribution of newsletters, patient education/information and other related materials.

I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond this office's control.

I understand and agree to the above email policy.

By signing below, you are agreeing that we may send medical/dental related correspondence to you via email, and that we may respond to your emails to us via email.

_____ _____

Patient's signature Email address

_____

Date