

AUTHORIZATION FOR ELECTRONIC COMMUNICATION

In an effort to communicate in a more efficient and timely manner we are implementing electronic communications. These communications will include, but not be limited to: appointment confirmations, scheduling, general questions, x-ray/patient records requests, and communication with mutual health care providers. Also, communication with prerecorded/artificial voice messages and/or use of an automatic dialing device, as applicable will be utilized. We believe this will allow our staff to better serve the needs and expectations of our patients. Please read and sign the authorization below.

Electronic communications can be useful and convenient ways to communicate for both treatment and administrative purposes. Dreem Dentistry LLC will utilize all reasonable means to protect the security and confidentiality of all communications via e-mail, text, online applications. However, it is impossible to guarantee the security and confidentiality of communications that occur with these methods. Should confidentiality information be improperly disclosed - through no fault of Dreem Dentistry - we will not be liable for such disclosures. Transmitting confidentiality information by email or text can involve a number of risks, including but not limited to the following:

- Mid-delivery of emails or texts to an incorrectly typed address or phone number.
- Email and online accounts can be hacked. Emails are easier to falsify than handwritten or signed documents
- Backup copies of emails, texts, and online platform data may exist even after the sender or recipient has deleted his/her copy.
- Employers and online servers have a right to archive and inspect emails, texts and online communications transmitted through their systems.
- Information sent via emails, texts and online applications can be intercepted, altered, forwarded, or used without authorization or detection.
- Email and online applications can be used to introduce viruses into computer systems.
- Emails, texts and online communications of all types can be used as evidence in court.

As part of the record, other individuals authorized to access the record, such as staff, billing personnel, our organizations representatives, ancillary providers, HIPAA business associates, vendors and the representatives of our debt collection agency will also have access to private health information.

Understanding the risks of electronic communications as described above, I hereby authorize the transmission of my PHI electronically as described above. This can be revoked in writing at any time.

Print Patient Name: \_\_\_\_\_

Authorized Email: \_\_\_\_\_ Text Number: \_\_\_\_\_

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