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 Charles L. Lutz DDS 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 (*559-673-3581*).

Patient's Signature_____Date_____