

Beussink Family Dentistry

Consent to Use Electronic Communications

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email (if applicable): _____ Phone (as required for Service(s)): _____

Beussink Family Dentistry uses the following services to communicate with their patients and in caring for their patient's needs:

- ✓ Email
- ✓ Videoconferencing (including Skype, FaceTime)
- ✓ Text messaging (including instant messaging)
- ✓ Website/Portal
- ✓ Insurance EClaims
- ✓ Online lab platforms
- ✓ Dropbox
- ✓ Social media (rarely and would ask again separately)
- ✓ Other (specify):

PATIENT ACKNOWLEDGMENT AND AGREEMENT:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communication with the Dentist and the Dentist staff. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the Dentist may impose on communications with patients using the Services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Dentist or the Dentist's staff using the Services may not be encrypted.

Despite this, I agree to communicate with the Dentist or the Dentist's staff using these Services with a full understanding of the risk. I acknowledge that either I or the Dentist may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

I have reviewed and understand all the risks, conditions, and instructions described in the Appendix.

Patient Signature _____ Date _____