

Agreement to Receive Electronic Communication

Patient Name: _____

(Initial below)

____ Agree

____ Do Not Agree

That Aaron Birch Family Dental may communicate with me electronically at the email address and/or mobile phone number listed below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/or mobile phone number.

My most preferred method of electronic communication:

Text Messaging – phone # _____

Email – Address _____

I would like to receive:

____ Appointment Reminders/Recall Visits

____ Information regarding insurance/billing (paperless statements)

I can withdraw my consent to electronic communications at any time by calling:

Aaron Birch Family Dental 970-242-9202 drbirch@aaronbirchdds.com

Patient signature: _____ Date: _____

This practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan.