PATIENT COMMUNICATION SIGNATURE FORM

Print Name _____

I understand that there are circumstances that require you to contact me regarding my care. By signing this form, I authorize Davey Family Dentistry (Jeremy W Davey DMD PA) to contact me regarding appointments, treatment instructions, billing/account information, or other matters specific to my care.

Please check which of the following modes of communication Davey Family Dentistry may use to contact you (circle all that apply):

Voice messages secured emails*(password) unsecured emails**
secured text messages#* unsecured text messages#**

Home number_____ Cell Number_____
Email _____

Best way you like us to communicate with you_____

Revocation of authorization to contact me via email and/or text: I understand that I may revoke my consent for future communications via email and/or text at any time advising Davey Family dentistry in writing.

Authorization for disclosure of PHI: I authorize Davey Family Dentistry to share information regarding my appointments, treatment, or payment for treatment, with the following individuals:
Spouse or partner:_____
Other individual : _____ relationship to Patient_____
Other individual:_____ relationship to patient_____

Your signature below is also an acknowledgement that you have received or been given the opportunity to receive a copy of Notice of Privacy Practices

Sign:_____Date_____

#Text communications: I understand that text message charges from my mobile phone provider may apply.
*Unless requested otherwise, emails and texts will be sent encrypted.
**I acknowledge that unsecured emails/texts are not a secure medium for sending or receiving protected information. There is a possibility that my emails and text messages may be read or otherwise accessed by a third party in transit. Although Davey Family Dentistry will make a reasonable effort to keep email and text communication confidential and secure. We cannot guarantee the confidentiality of email/text communications.