



## Financial Electronic Communication Consent

### Email Communication Consent Disclosure:

This form is intended to obtain your authorization for Growing Smiles Pediatric Dentistry to communicate with you via email regarding your and/or your child(ren)'s Protected Health Information (PHI) and Financial Information.

Growing Smiles Pediatric Dentistry offers patients the option to communicate through email as a convenient means of sharing information. However, the electronic transmission of PHI and financial details via email carries certain inherent risks, including the potential for unauthorized access, interception, or disclosure of confidential information.

While Growing Smiles Pediatric Dentistry will exercise reasonable safeguards to maintain the security and confidentiality of information transmitted by email, it cannot guarantee the absolute security of such communications. By signing this form, you acknowledge and accept these risks. Growing Smiles Pediatric Dentistry disclaims any liability for unintentional or inadvertent disclosure of confidential information that may occur despite reasonable protective measures.

**I acknowledge that I have read and fully understand this consent form. Initial:** \_\_\_\_\_

I consent to emails regarding financial information. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Authorized Email: \_\_\_\_\_

### Text Messaging Communication Consent Disclosure:

This form is intended to obtain your authorization for Growing Smiles Pediatric Dentistry to communicate with you via mobile text messaging regarding your and/or your child(ren)'s Protected Health Information (PHI) and Financial Information.

Growing Smiles Pediatric Dentistry offers patients the option to receive information through text messages for convenience and timely communication. However, the transmission of PHI and financial details via text messaging involves certain risks, including the potential for unauthorized access, interception, or disclosure of confidential information.

Although Growing Smiles Pediatric Dentistry will take reasonable measures to safeguard the privacy and security of text message communications, it cannot guarantee the absolute confidentiality of information sent or received via mobile messaging. By providing your consent, you acknowledge and accept these risks. Growing Smiles Pediatric Dentistry is not liable for any unintentional or inadvertent disclosure of confidential information that may occur despite reasonable efforts to protect it.

**I acknowledge that I have read and fully understand this consent form. Initial:** \_\_\_\_\_

I consent to text messages regarding financial information. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Authorized Mobile Number for Text Messages: \_\_\_\_\_

I understand that this consent will remain valid and in place until revoked by me in writing.

**Regarding Patient(s):** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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