

Patient Consent to Receive Mail and/or Telephone Messages

Please Print (Last Name) (First Name) (M.I.)

Do we have permission to:

Send a recall appointment reminder to your home? Y _____ N _____

Leave appointment, billing or dental information on
Your answering machine/voice mail/email? Y _____ N _____

I give permission to share appointment, billing or dental information with the named
below:

Name: _____

Signature of Patient/Parent or Legal Guardian: _____

Date: _____

Acknowledgement of Receipt of Notice of Privacy Practices:

I have received a copy (or had the opportunity to read) the Notice of Privacy Practices
with an effective date of August 20, 2015.

Signature of Patient/Parent or Legal Guardian Date

AUTHORIZATION AND CONSENT TO SEND UNENCRYPTED PATIENT INFORMATION BY EMAIL AND OTHER ELECTRONIC MEANS

Until I tell you in writing to stop, I authorize Dianne S. Morse Family Dentistry, PLLC to transmit patient information relating to my treatment, health, or payment by email or other electronic means, without encryption or special security precautions, to me or someone I designate, or to other health care providers, health plans and others involved in my treatment, payment for my treatment, or Dianne S. Morse Family Dentistry, PLLC's health care operations. The patient information that may be emailed may include my x-rays, health history, diagnosis, treatment, and payment records.

I understand that:

- I do not have to sign this form.
- My treatment, payment, enrollment and eligibility for benefits will not be affected by my decision about signing this form.
- If I don't sign this form, Dianne S. Morse Family Dentistry, PLLC may use other ways to send my information, such as U.S. Mail, or may ask me to send my information to third parties myself.
- There is some risk that emails and other electronic messages may be improperly acquired by hackers or received by unintended recipients. If that happens, the information may be redisclosed and no longer protected by privacy law.
- Dianne S. Morse Family Dentistry, PLLC does not email such sensitive personal information as Social Security number, mental health diagnosis, genetic information, alcohol/substance abuse, or positive HIV status unless the patient insists.

I can tell you in writing to stop emailing my patient information at any time, but if I do so, this will not affect emails that Dianne S. Morse Family Dentistry, PLLC already sent before receiving my written instructions to stop.

Patient name (please print): _____

Signature (on behalf of entire family within same account):

_____ Date: _____

Original: To be placed in the patient's file.

Copy: To be given to the patient.

Morse Family Dentistry

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Dianne S Morse DDS

Seung C Yang DMD

TEXT MESSAGING & EMAIL PROGRAM CONSENT FORM

Patient Name: _____

In addition to our personal contact and the automated appointment confirmation system we have had in place for several years, we are now in the process of adding the potential of text messaging and email capabilities. Before we implement texting or emailing you, we ask for your signed permission for yourself and any other party attached to your account with our practice. Please note that you will be responsible for any charges you may incur for the receipt of our text messages and your response thereto.

If you grant us permission as outlined above, please provide the following contact information:

Home Phone: _____

Cell Phone: _____ (if you agree to receive text message reminders)

Email: _____

We use this information strictly for the purposes of communicating with you more efficiently and/or reminding you of upcoming appointments.

Agreed to by:

Signature

Date