

Knellinger Dental Excellence

Electronic Communication Agreement

Patient Name: _____ Date of Birth: _____

Parent or Guardian (if applicable): _____

I agree that Knellinger Dental Excellence may communicate with me using the following electronic methods.

Text

Email (Please Print): _____

By signing below I agree to the following:

- I am aware that there is some level of risk that third parties might be able to read unencrypted emails.
- I am responsible for providing the dental practice any updates to my email address.
- I understand that Knellinger Dental Excellence will **not** sell or disclose any HIPAA protected personal contact information to any third party for marketing purposes without my expressed written permission.
- I can withdraw my consent to electronic communications at any time by calling:
(727) 785-3383

Patient Signature: _____

Date: _____