



## CONSENT TO USE ELECTRONIC COMMUNICATIONS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Texting Cell Phone Number (*required*): \_\_\_\_\_

Email Address (*required, print clearly*): \_\_\_\_\_

### PATIENT ACKNOWLEDGMENT AND AGREEMENT:

By signing below, I consent to Osborne Dentistry contacting me electronically using the cell phone and/or email address listed above for the purpose of appointment related details, such as scheduling/appointment reminders or post treatment surveys. I understand that during transmission of these messages, the information contained at one point or another may pass through a public network and onto a personal electronic device and as such the transmission may not be secure. Osborne Dentistry is not liable for improper disclosure of confidential information caused by patient/parent/legal guardian or any third party. Osborne Dentistry requests that patients call to discuss any details involving private or time sensitive treatment matters. I agree to inform the practice if my email address or cell phone number changes. I understand the risks of electronic communication and acknowledge that I can cancel this consent at any time by contacting the office.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would NOT like to be contacted by email or text messages you may Opt Out of one or both by checking the box and initialing below. If you change your mind at any time, you may call us at 541-451-4300.

By checking this box I state that I prefer to **OPT OUT of email**. PLEASE INITIAL \_\_\_\_\_

By checking this box I state that I prefer to **OPT OUT of text messaging**. PLEASE INITIAL \_\_\_\_\_