

# Consent to Receive Electronic Communication

Name:  
Email:

DOB:  
Mobile Number:

Date:

The office of ROBERT G. DONAHUE, DDS, PLLC and MICHAEL C. BAUER, DDS hereinafter shall be referred to as the "OFFICE".

## ***Reason For The Use Of Electronic Messaging.***

Communication through the use of electronic messaging can be a very efficient and easy way to correspond. This is why the OFFICE is choosing to offer these services; however, it comes with some risks as noted below and others that may not be known at this time. Thus the OFFICE needs your consent to proceed with this form of communication.

## ***Risks Associated With Electronic Communication***

- Messages can be circulated, forwarded, and stored in numerous paper and electronic files.
- Messages can be immediately broadcast worldwide and may be received by many intended and unintended recipients.
- Message senders can easily misaddress messages.
- Electronic messages are easier to falsify than handwritten or signed documents.
- Backup copies of messages may exist even after the sender or the recipient has deleted his or her copy.
- Employers and online service providers often have a right to archive and inspect messages transmitted through their systems.
- Messages are insecure and can be intercepted, altered, forwarded, or used without authorization or detection.
- Messages can be used to introduce viruses into computer systems.
- Messages can be used as evidence in court.

## ***Withdrawing Consent***

I can withdraw my consent to receive electronic communication at any time by calling the OFFICE at (202) 966-4050.

## ***Patient Acknowledgement and Agreement***

I wish to use electronic messages to communicate with the OFFICE . I understand the risks associated with the using electronic messaging with the OFFICE. I agree to hold the OFFICE harmless from damages arising from or in connection with electronic messages transmitted between the OFFICE and the above named individual. The OFFICE will practice reasonable means to protect the security and confidentiality of the electronic messages of the above named individual.

**ACCEPT**

**DECLINE**

I would like to receive:

- Appointment Confirmations
- Prophylaxis(Cleaning) Reminders
- Information Regarding Insurance/Billing
- Information Regarding Dependent Family Members