E-mail Communication Consent

Purpose: Big Sky Dental Center offers patients the option to communicate with our office by e-mail regarding appointments, treatment, billing, and other matters related to their dental care, which may include Protected Health Information (PHI).

E-mail communication offers convenience; however, it may involve certain risks to the privacy and security of your information. These risks include, but are not limited to:

- E-mail messages may be sent to an incorrect address or accessed by unintended recipients.
- E-mail communications may be intercepted, forwarded, or accessed by others without your knowledge or permission.
- Messages stored on your device or e-mail account may be accessible to others who have access to that device or account.
- E-mail is not always a secure or encrypted method of communication, and the privacy of information transmitted electronically cannot be guaranteed.

Big Sky Dental Center will use reasonable safeguards to protect the privacy and security of information communicated by e-mail. However, we cannot guarantee that all e-mail communications will remain secure or confidential.

By providing your e-mail address and consenting to e-mail communication, you acknowledge that you understand and accept the potential risks associated with this method of communication. You may withdraw your consent for future e-mail communications at any time by notifying our office.

Patient Acknowledgment and Consent: I acknowledge that I have read and understand this consent form and have had the opportunity to ask questions. I understand the potential risks associated with communicating by e-mail, including the possibility that my information may be accessed or disclosed to unintended recipients. I voluntarily consent to Big Sky Dental Center communicating with me by e-mail under the conditions described above.

Patient Name: _____

E-mail Address: _____

Patient/Legal Representative Signature: _____ Date:_____
Relationship to Patient (if applicable): _____