Text Message Consent

Purpose

This form is used to obtain your consent to communicate with you via mobile text messaging regarding appointments, treatment, billing, and other matters related to your dental care. These communications may include Protected Health Information (PHI).

While text messaging offers a convenient way to communicate, it may involve certain risks, including the possibility that messages could be viewed by someone other than the intended recipient, sent to an incorrect number, or accessed through a shared or unsecured mobile device. Standard text messaging may not be encrypted, and message privacy cannot be guaranteed.

Big Sky Dental Center will use reasonable safeguards to protect the privacy and confidentiality of your information when communicating by text message. However, we cannot guarantee the security or confidentiality of text messages or prevent all inadvertent disclosures.

Patient Acknowledgment and Consent

By signing below, I acknowledge that I have read and understand this consent form and the potential risks associated with communicating via mobile text messaging. I voluntarily consent to receive text messages from Big Sky Dental Center regarding my appointments, treatment, billing, and other matters related to my dental care.

I understand that I may withdraw my consent to receive text messages at any time by notifying Big Sky Dental Center. I understand that withdrawing consent will not affect my ability to receive dental care, and alternative communication methods may be available upon request.

Patient Name: _____

Mobile Phone Number:_____

Patient/Guardian Signature:_____

Relationship to Patient (if applicable):_____