

Mary E Gregory DDS Electronic Communication Agreement

Electronic communications, including but not limited to, emails and text messages, for example (hereinafter "Electronic Communications"), provide an opportunity to communicate with the office of Mary E Gregory DDS.

The following is intended to assist you with your determination of whether you wish to electronically communicate with Mary E Gregory DDS.

General Considerations

- As your healthcare provider, Mary E Gregory DDS, will treat Electronic Communications with the same degree of privacy and confidentiality as written medical records. Mary E Gregory DDS has taken reasonable steps with internal information technology systems to protect the security and privacy of your personal identifying and health information in accordance with the security guidelines required by the Health Information Protection and Accountability Act of 1992, as amended ("HIPAA").
- Standard email services, including, but not limited to, AOL, Yahoo, and Hotmail, are not secure. This means that the email messages, including any individually identifiable health information and other sensitive or confidential information that may be contained in such email messages, are not encrypted and could be misdirected, disclosed to, read or intercepted by, unauthorized third parties.

I have read and understood the above description of the risks and responsibilities associated with Electronic Communications with Mary E Gregory DDS. I acknowledge that commonly used Electronic Communications are not secure.

Please check one of the three below statements:

- A. Having been informed of the risks associated with Electronic Communications, I consent to, accept the risk in and still desire to communicate with Mary E Gregory DDS via Electronic Communications. I understand that I can withdraw this consent authorizing Mary E Gregory DDS to communicate with me via Electronic Communications at any time by written notification to Mary E Gregory DDS.

My email address is _____
My Cell Phone number is _____

- B. Having been informed of the risks associated with Electronic Communications, I consent to, accept the risk in and still desire to communicate with Mary E Gregory DDS via Electronic Communications *only with respect to appointment and treatment plan reminders*. I understand that I can withdraw this consent authorizing Mary E Gregory DDS to communicate with me via Electronic Communications at any time by written notification to Mary E Gregory DDS.

My email address is _____
My Cell Phone number is _____

- C. Having been informed of the risks associated with Electronic Communications, I do *not* consent to, accept the risk in and desire to communicate with Mary E Gregory DDS via Electronic Communications. I understand that I can change my mind and provide a consent authorizing Mary E Gregory DDS to communicate with me via Electronic Communications at a later time by written notification to Mary E Gregory DDS.

To the extent that I have checked Box A or B, I release and hold harmless Mary E Gregory DDS, its dentist(s) and their staff, employees, affiliates, agents, officers, and principals from any and all expenses, claims, actions, liabilities, attorney fees, damages, losses of any kind that I may have resulting from Electronic Communications between Mary E Gregory DDS and me based on this authorization given to Mary E Gregory DDS to communicate with me via Electronic Communications.

Patient Name (printed)

Patient Signature (Parent if Patient is a minor)

Date