

Dental Smile Studio

Acknowledgement of Receipt of Notice of Privacy Practices

I have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures.

I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Print Name: _____

Signature: _____

Date: _____

Agreement to Receive Electronic Communication

Patient Name: _____ Date of Birth: _____

I agree that Dental Smiles Studio may communicate with me electronically at the email address below.

I am aware that there is some level of risk that third parties might be able to read unencrypted emails.

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications at any time by calling (805)532-1101.

No, I do not want to receive Email communication from this office.

Email Address (PLEASE PRINT CLEARLY):

Patient Signature: _____

Date: _____