

FUQUA ADVANCED DENTAL
AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATION

Print name: _____ Date of birth: _____

(Initial Below)

I _____ DO AGREE

I _____ DO NOT AGREE

That the dental practice may communicate with me electronically at the email address and/or mobile phone number listed:

Cell: _____ Email: _____

I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I further agree that I am responsible for providing the dental practice any updates to my email address and/or mobile phone number.

My most preferred method of electronic communication:

(Initial Below)

_____ Text Messaging

_____ Email

I would like to receive:

_____ Appointment reminders/Recall visits

_____ Information regarding insurance/billing

_____ Requests for Patient Satisfaction online reviews

I can withdraw my consent to electronic communications at anytime by calling:

1422 Main Street, Suite 207 * Southlake, TX 76092 * 817.410.8765 www.FuquaAdvancedDental.com

Patient signature: _____ Date: _____

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Steven J. Fuqua, D.D.S., M.S. and Tonya K. Fuqua, D.D.S

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgment****

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name _____

Signature _____

Date _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice or Privacy Practice, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Others (Please Specify)
