



Los Gatos Family Dentistry

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CONSENT FOR ELECTRONIC COMMUNICATION

Patient Name: _____

I agree that LOS GATOS FAMILY DENTISTRY may communicate with me in the following manner:

E-mail Communications: _____ Yes _____ No

If yes, please provide e-mail address: _____

Text Message Communications: _____ Yes _____ No

If yes, please provide phone number for text message communications: _____

Only the office manager and Dr. Phan will have access to e-mail or text message communications within the office; however, I am aware that there is some level of risk that third parties may be able to read unencrypted e-mails. E-mails containing patient health records will be encrypted.

I understand that LOS GATOS FAMILY DENTISTRY will reply to my electronic communications between 7:00-4:00 PM during regularly scheduled business days.

Only simple matters such as appointment reminders will be communicated to patients via text message.

I am responsible for providing LOS GATOS FAMILY DENTISTRY with any updates to my e-mail address or phone number for electronic communications.

I may withdraw my consent to electronic communications at any time by notifying the office.

Patient Signature: (Type Name) _____ Date: _____