



## THE HIPPA UPDATE FOR TELECOMMUNICATIONS AND CHANGES FOR PREVIOUS PATIENTS

Our notice of privacy practices provides information about how we use and release protected health information about you. You have the right to receive our notice before signing this form. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by writing our practice or requesting a copy from the front desk staff. You have the right to request that we restrict how protected health information about you is used or released for treatment, payment or healthcare operations. We are not required to agree to this restriction, but we do, we are bound by our agreement. By signing this form, you consent to our use and release of protected health information about you and for treatment, payment and healthcare operations as described in our notice. You have the right to revoke this consent in writing except where we have already made releases in reliance on your prior consent.

### TEXTING AND EMAIL MESSAGING

The New Pediatric Dental Care of Greater Orlando, Inc. will use text messaging to cell phone or email addresses to email addresses provided to the practice for purposes of appointment reminders and other correspondence. Please sign below to acknowledge receipt of this document and approval of the above policy. If you do not understand the above statements, please ask any member of our staff to explain prior to your approval. By providing a cell phone number or email address you are approving the use these methods for communications.

If child is a minor or patient is unable to sign, then legal guardian of child will sign for the patient.

Patient Name: \_\_\_\_\_

Signature of legal guardian: \_\_\_\_\_

Print Name of legal guardian: \_\_\_\_\_

Relationship of legal guardian: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_