

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 healthcare providers at Eric M. Loper, DDS.

The following is intended to assist you with your determination of whether you wish to electronically communicate with Eric M. Loper, DDS.

General Considerations

- As your healthcare provider, Eric M. Loper, DDS, will treat Electronic Communications with the same degree of privacy and confidentiality as written medical records. Eric M. Loper, 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, Hotmail, and Gmail, 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 Eric M. Loper, 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 Eric M. Loper, DDS via Electronic Communications. I understand that I can withdraw this consent authorizing Eric M. Loper, DDS to communicate with me via Electronic Communications at any time by written notification to Eric M. Loper, 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 Eric M. Loper, DDS via Electronic Communications *only with respect to appointment reminders*. I understand that I can withdraw this consent authorizing Eric M. Loper, DDS to communicate with me via Electronic Communications at any time by written notification to Eric M. Loper, 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 Eric M. Loper, DDS via Electronic Communications. I understand that I can change my mind and provide a consent authorizing Eric M. Loper, DDS to communicate with me via Electronic Communications at a later time by written notification to Eric M. Loper, DDS.

To the extent that I have checked Box A or B, I release and hold harmless Eric M. Loper, 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 Eric M. Loper, DDS and me based on this authorization given to Eric M. Loper, DDS to communicate with me via Electronic Communications.

My preferred method of communication for receiving appointment reminders and communication from Eric M. Loper, DDS is (check one):

- Phone Call (preferred phone number: _____)
- Text Message
- Email

Patient Name (printed)

Patient Signature (Parent if Patient is a minor)

Date