



Children's Dentistry of Kyle
Jeremy Wittich D.D.S
4100 Everett Street, Suite 215
Kyle, TX 78640
Phone: (512) 268-4400
Fax: (512) 268-4402

CONSENT FOR ELECTRONIC COMMUNICATION

You have requested that our practice communicate with you electronically. By utilizing our practice's electronic services, you agree that Children's Dentistry of Kyle may send to you any of the following that you identify as communication that can be sent through the internet to an email address you designate.

CONSENT AND ACKNOWLEDGEMENT

I _____, in the presence of my child's dentist or dental practice's privacy official, agree that the practice may electronically communicate with me at the following email address.

Email Address: _____

Patient's name (for verification purposes): _____ DOB: _____

_____ DOB: _____

I acknowledge that the practice may send the following to my email. Check each that apply, and then provide your initials at the end of each item selected.

- Information about invoices or accounts payable _____ (initials)
- Information about a specific dental visit _____ (initials)
- Information about the above Patient's listed dental visit _____ (initials)

ACKNOWLEDGEMENT

You must acknowledge each of the following before we can send communications electronically.

_____ All electronic communications from our practice will be encrypted.

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

_____ I am able to receive information electronically and store it securely away from any public computer.

_____ I can withdraw my consent to electronic communications by calling **(512) 268-4400**

Patient or Guardian's Signature: _____ Date: _____