THE TOOTH SHOP ON 46, LLC
25520 STATE ROAD 46 • SORRENTO, FL 32776 • 352-735-2211
WWW.TOOTHSHOPDENTISTRY.COM

HIPAA – AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATION

Patient Name: _____ Date of Birth: _____

- I agree that the dental practice may communicate with me electronically at the email address below.
- I am aware that there is some level of risk that third parties might be able to read unencrypted emails.
- I am responsible for providing the dental practice any updates to my email address.
- I can withdraw my consent to electronic communications by calling: 352-735-2211

Email address (please print clearly):

Example:

D	R	S	Y	S	K	A	@	T	O	O	T	H	S	H	O	P	D	E	N	T	I	S	T	R	Y	.	C	O	M

All emails are sent with encryption technology, however for someone with hacking abilities, access to email could still occur. Additionally, all emails are sent with the following notice:

Confidentiality Notice: This e-mail message including any attachments is for the sole use of the intended recipient(s) and may contain confidential and privileged information only for authorized purposes. If you are not the intended recipient (or authorized to receive for the intended recipient), you are hereby notified that any review, use, disclosure, distribution, copying, printing, or action taken in reliance on the contents of this e-mail is strictly prohibited. If you have received this communication in error, please notify me immediately by reply e-mail and destroy all copies of the original message. Thank you.

Patient: _____ **Signature:** _____ **Date:** _____

Privacy Officer: _____ **Signature:** _____ **Date:** _____

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