



Patient Name: _____

Patient DOB: _____

Patient Email and Text Message Informed Consent

Your dental health is important to us. To provide you with the best possible care, we occasionally send convenient text messages regarding post-treatment follow-up. Please provide us with your telephone number(s) and email address, and indicate your communication preference below, by initialing next to your preferred method of communication.

As of 2024, we are moving to an electronic billing platform, utilizing text messaging and email in the place of mailing paper statements. Please indicate your preferred billing method below. **If you do not have a mobile phone or email address and prefer to have statements mailed to you, please indicate in the appropriate section below.**

Primary Phone: (_____) _____ - _____ Is this a mobile number or landline? _____

I authorize Central Carolina Endodontics, P.A. to utilize the above listed mobile number for the following:

Voicemail:	Dental Care/Treatment/Scheduling:	_____ Yes	_____ No
	Billing/Financial	_____ Yes	_____ No
Text:	Dental Care/Treatment/Scheduling:	_____ Yes	_____ No
	Billing/Financial	_____ Yes	_____ No

Message and data rates may apply

Alternate Phone: (_____) _____ - _____ Is this a mobile number or landline? _____

I authorize Central Carolina Endodontics, P.A. to utilize the above listed alternate phone number for the following:

Voicemail:	Dental Care/Treatment/Scheduling:	_____ Yes	_____ No
	Billing/Financial	_____ Yes	_____ No
Text:	Dental Care/Treatment/Scheduling:	_____ Yes	_____ No
	Billing/Financial	_____ Yes	_____ No

Message and data rates may apply

Email Address: _____

I authorize Central Carolina Endodontics, P.A. to utilize the above listed email address for the following:

Dental Care/Treatment/Scheduling:	_____ Yes	_____ No
Billing/Financial	_____ Yes	_____ No

Financial Electronic Communication OPT-OUT:

I do not have an email address or mobile device and prefer to be billed by mail. _____ (Please initial **ONLY** if you are opting out of text/email communication)

Patient/Guardian Signature: _____ **Date:** _____

You will never receive promotional calls, texts, or emails from our office. We only use these communication methods when necessary to your dental health, or for billing purposes. We are HIPAA compliant and will not share your information with any parties not covered under HIPAA.

Central Carolina Endodontics and its affiliates, agents, independent contractors and any "covered entity" or "business associate" (as those terms are defined in the HIPAA Privacy Rule) with which your information may be shared under HIPAA (collectively, "Central Carolina Endodontics") may communicate with you by e-mail, text message, and/or other forms of unencrypted electronic communication (together, "Electronic Messaging") to the telephone number(s), email address(es) or other locations reflected on your account or as otherwise provided below. This form provides information about Central Carolina Endodontics' use, risks, and conditions of Electronic Messaging. It also will be used to document your consent for Central Carolina Endodontics' communication with you by Electronic Messaging.