

Communication Consent Form:

I consent to *Affiliated Dentists, Dr. Andrew Jordan D.D.S.* contacting me electronically by the email address and/or cell phone below for the purpose of receiving appointment reminders, notification that I need to make an appointment, dental records, survey regarding dental visit, or reminders of uncompleted treatment.

I understand that during the transmission of these messages, the information contained at one point, or another may pass through a public network and onto a personal electronic device and as such the transmission may not be secure. However, the practice will not transmit any personal or confidential information about your health, procedures, or account status without your permission. (Please note that email messages from our office are encrypted if the message contains any personal health information).

I agree to inform the practice if my email address or cell phone number changes. I understand and acknowledge that I can cancel this consent at any time.

Email Address (please print clearly): _____

Cell Phone Number (for text messaging): _____

If you would **NOT** like to be contacted by email or text messages you may **Opt Out** of one or both by checking below. *If you change your mind at any time, you may call us at (815) 842-3550.

_____ I elect to **Opt Out** of email

_____ I elect to **Opt Out** of text messaging

Patient Signature:

Date: