



Dr. Tanya Vlacancich D.D.S.

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Consent For Communication Via Email/Text Message

(Provider-Patient)

I, _____, hereby consent to have my dentist at Dr. Tanya Vlacancich D.D.S. communicate with me or members of their staff, where appropriate or other dentists, hygienists, and oral surgeons via email/text regarding the following aspects of my dental care and treatment: [x-rays, appointments, billing, etc.]. I understand the e-mail/text is not a confidential method of communication. I further understand that there is a risk that e-mail/text communications between my dentist and myself or members of my dentist's office staff, or between my dentist and other dentists, hygienists, and oral surgeons regarding my dental care and treatment may be intercepted by third parties or transmitted to unintended parties. I understand that in an urgent or emergent situation I should call my provider or go to the Emergency Room and not rely on e-mail/text. I understand that for sensitive dental information, e-mail/text should be concise. If there is a problem that is complex or sensitive to discuss via e-mail/text, I should schedule an office visit.

I consent to communication via: E-mail Text Message Both I do not consent

Patient Acknowledgement and Agreement: I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email and text messaging as a form of communication between Dr. Tanya Vlacancich D.D.S staff and myself, and consent to the conditions and instructions outlined.

Patient first and last name: _____

Today's date: _____

Patient Signature: _____