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Agreement to Receive Electronic Communication
(THAT MEANS EMAILS and TEXTS)

Patient Name: _____ **Date of Birth:** _____

This dental practice communicates with all patients electronically.

In today's electronic world this is the best method of communication.

You may receive late night or early morning communication. That does not mean you need to respond at that hour, just respond whenever you read the text or email.

You accept and are aware there is a level of risk that third parties might be able to read unencrypted emails. We do our best to protect patient confidentiality and adhere to HIPAA standards and internet encryption of all medical/dental correspondence. You further agree that you are responsible for providing the dental practice any updates to email address and/or mobile phone number.

I _____ **DO AGREE** I _____ **DO NOT AGREE**

Your most preferred method of electronic communication:

(Initial Below and please print the requested information)

_____ Text Message phone _____

_____ Email email _____

I would like to receive:

_____ Appointment Reminders/Recall Visits / Insurance coverage and benefits confirmation

_____ Requests to help us confirm information / Updates / Patient information / General questions

You can withdraw your consent to electronic communications at any time by text or email

AND please you MUST call as well, we need two methods of cancellation. Thank you !

BOULEVARD DENTAL ASSOCIATES, PA / DR EDMUND M CARUSO

at 201-434-3819 OR EMAIL US AT FixMyTeeth2275@gmail.com

Patient Signature: _____ **Date:** _____