

Communications Consent – Physical Form

1. By providing my email address, home phone number and cell phone number to the Practice and signing below, I hereby authorize Practice (and its subsidiaries, affiliates and those acting on its behalf) to communicate with me by email, as well as text messages and telephone (including cell phone) calls using automated or pre-recorded messages for treatment, healthcare operations, marketing or other purposes.
2. I understand that these messages may be delivered to the certain mobile phone carriers, including, without limitation, AT&T, Verizon Wireless, Sprint, T-Mobile and Metro PCS. In that the frequency of these messages may vary and that the carriers are not liable for delayed or undelivered messages.
3. I understand that I may opt-out of receiving calls and text messages by following the applicable unsubscribe or opt-out instructions provided, by texting **"STOP"** or by contacting Practice. I understand that I may reply with the keyword **"HELP"** for more assistance.
4. I understand that standard message and data rates may apply for any messages sent from me to Practice, or from Practice to me.
5. I understand that if I no longer wish to receive emails, I may click on the hyperlink titled "Unsubscribe" at the bottom of any email sent to me by Practice, and then follow the directions to unsubscribe from email.
6. I understand that my consent to receive email, text messages and/or phone calls is not a condition of my obtaining other health care services from Practice.
7. I understand that I may refuse to consent to receive text messages, phone calls (including cell phone calls) and emails from Practice for the purposes described herein.
8. I understand and acknowledge that communications transmitted via unencrypted email or text message over an open network may be inherently unsecure, and there is no assurance of confidentiality for information communicated in this manner. I also understand that emails and text messages have inherent privacy risks, especially when access to my computer or mobile device is not password protected. Nevertheless, I want Practice to communicate with me via email and/or text message as detailed herein.
9. I understand that messages transmitted pursuant to this consent will be subject to the Practice's Notice of Privacy Practices, Privacy Policy and Terms of Use.
10. I understand that, should I have any questions about this Communications Consent, I may contact info@amitydentistry.com or call 1-980-423-1244

By signing and completing the below, I voluntarily and affirmatively provide my consent to receive text messages, telephone calls (including cell phone calls) and emails from the Practice at the phone numbers and email address provided below for the purposes described herein. If a number is not provided, I will not automatically be opted in to receive text messages.

Home Phone Number	Cell Phone Number	Email Address

Printed Name

Relationship to Patient

** Personal representatives must attach proof of legal authority*

Signature

Date

