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**Electronic Communication Agreement**

Electronic communications, including but not limited to, emails and text messages, for example (hereinafter “Electronic Communications”), provide an opportunity to communicate with the healthcare providers at Shukhman Dental Corp. (“Shukhman Dental”).

The following is intended to assist you with your determination of whether you wish to electronically communicate with Shukhman Dental.

**General Considerations**

* As your healthcare provider, Shukhman Dental, will treat Electronic Communications with the same degree of privacy and confidentiality as written medical records. Shukhman Dental has taken reasonable steps with internal information technology systems to protect the security and privacy of your personal identifying and health information in accordance with the security guidelines required by the Health Information Protection and Accountability Act of 1992, as amended (“HIPAA”).
* Standard email services, including, but not limited to, AOL, Yahoo, Hotmail, and Gmail, are not secure. This means that the email messages, including any individually identifiable health information and other sensitive or confidential information that may be contained in such email messages, are not encrypted and could be misdirected, disclosed to, read or intercepted by, unauthorized third parties.

I have read and understood the above description of the risks and responsibilities associated with Electronic Communications with Shukhman Dental. I acknowledge that commonly used Electronic Communications are not secure.

*Please check one of the three below statements:*

1. \_\_\_\_ Having been informed of the risks associated with Electronic Communications, I consent to, accept the risk in and still desire to communicate with Shukhman Dental via Electronic Communications. I understand that I can withdraw this consent authorizing Shukhman Dental to communicate with me via Electronic Communications at any time by written notification to Shukhman Dental.

My email address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. \_\_\_\_ Having been informed of the risks associated with Electronic Communications, I consent to, accept the risk in and still desire to communicate with Shukhman Dental via Electronic Communications *only with respect to appointment reminders*. I understand that I can withdraw this consent authorizing Shukhman Dental to communicate with me via Electronic Communications at any time by written notification to Shukhman Dental.

My email address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. \_\_\_\_ Having been informed of the risks associated with Electronic Communications, I do *not* consent to, accept the risk in and desire to communicate with Shukhman Dental via Electronic Communications. I understand that I can change my mind and provide a consent authorizing Shukhman Dental to communicate with me via Electronic Communications at a later time by written notification to Shukhman Dental.

To the extent that I have checked Box A or B, I release and hold harmless Shukhman Dental, its dentist(s) and their staff, employees, affiliates, agents, officers, and principals from any and all expenses, claims, actions, liabilities, attorney fees, damages, losses of any kind that I may have resulting from Electronic Communications between Shukhman Dental and me based on this authorization given to Shukhman Dental to communicate with me via Electronic Communications.

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Patient Name (printed)

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Patient Signature (Parent if Patient is a minor) Date