

**KOKODYNSKI ORTHODONTICS
PATIENT CONSENT FOR ELECTRONIC COMMUNICATION**

By submitting your email address to our practice you have granted us permission to communicate with you electronically. By utilizing our practice's electronic services, you agree that **KOKODYNSKI ORTHODONTICS** may send to you any of the following that can be sent through the internet to an email address you designate.

Consent and Acknowledgement

I _____, agree that KOKODYNSKI ORTHODONTICS may electronically communicate with me at the following email address.

Email Address: _____

Patient's Name & Date of Birth: _____

I acknowledge that KOKODYNSKI ORTHODONTICS may send the following to my email:

- Information about my invoice or accounts payable
- Information about any dental visit, including appointment reminders
- Photos and X-rays

Acknowledgement

- All communications from our practice will be encrypted.
- The patient is responsible for providing the dental practice with an updated email address.
- The patient is able to receive information electronically and store it securely away from any public computer.
- I can withdraw my consent to electronic communications by calling (262) 248-8346.

Signature: _____
Patient or Responsible Party

Date: _____