

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: _____