

# TIPPIT DENTAL GROUP

9099 Katy Fwy, Ste. 140, Houston, TX 77024

Office (713)465-1860, Fax (713)932-0564

www.tippitdental.com

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## Patient Consent for Electronic Communication

You have requested that our practice communicate with you electronically. By utilizing our practice's electronic services, you agree that Tippit Dental may send to you any of the following that you identify as a communication that can be sent through the internet to an email address you designate. All electronic communications from our practice will be sent from our secured, non-encrypted email server.

### Consent and Acknowledgement

I, \_\_\_\_\_, in the presence of my dentist or the dental practice's staff, agree that the practice  
(Print Name)

may communicate with me and/or any dental specialist, via email utilizing their secured, non-encrypted email server.

I acknowledge that the practice may send the following electronic communications:

- Information about my invoice or accounts payable upon request, to patient/guardian
- Information about a specific dental visit.
- Information, such as digital x-rays, referrals and/or orders to a dental specialist about treatment.

### Acknowledgement

- I am responsible for providing the dental practice with any updates to my email address.
- I am able to receive information electronically and store it securely away from any **public** computer.
- My personal email address is: \_\_\_\_\_

My signature below authorizes Tippit Dental Group's doctors and/or staff to communicate with me or any dental specialist via a secured, non-encrypted e-mail/internet connection.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_