

Agreement to Receive Electronic Communication

Riverview Dental

Patient Name: _____ Date of Birth: _____

I am aware that by signing this consent, I understand there is a minimal level of risk that third parties might be able to read unencrypted emails and/or phone numbers. The risk of this happening is low, however there is a risk.

I agree that Riverview Dental may communicate with me electronically **via email** at the email address below.

Email Address (PLEASE PRINT CLEARLY):

_____ @ _____

Patient Signature: _____ Date: _____

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I agree that Riverview Dental may communicate with me electronically **via text** message at the cell phone number listed below.

Cell Phone Number (PLEASE PRINT CLEARLY): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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I understand by signing this agreement, Riverview Dental uses a software that automatically sends emails and text message reminders several times prior to my appointment. I also understand there is an option on the text message reminders that allows me to opt out of receiving those reminders.

I am responsible for providing the dental practice any updates to my email address and phone numbers.

I can withdraw my consent to electronic communications by calling:
1-605-339-2040 or notifying Riverview Dental's office staff.