

**Agreement to Receive Electronic Communication
(Email and Texting Permission)**

Patient Name: _____ Date of Birth: _____

I agree that Joshi Dental, LLC may communicate with me electronically at the email address and/or mobile number below.

I consent to receiving all information via email or text.

Email address: _____

Mobile Phone Number: _____

I do not consent to receiving any information via email or text. I understand that I can change my mind and provide consent later.

I can withdraw my consent to electronic communications by calling:
973-377-0218 or Email: njdmd@yahoo.com

I am aware that unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by, unauthorized third parties. However, you may consent to receive email or text from us regarding your dental treatment. We will use the minimum necessary amount of protected health information in any communication.

Patient/Guardian Signature: _____

Date: _____