

## Authorization for Phone, Text and/or Electronic Communications

This form is optional. You are not required to sign this form, and you do not need to sign it to receive care at uSmileUSA.

### How would you like for us to communicate with you?

Please check or complete the contact options below that apply. Please print clearly.

☐ **Call and text** me at \_\_\_\_\_

☐ **Only call** me at \_\_\_\_\_

☐ **Only text** me at \_\_\_\_\_

☐ Contact me by **email** at the following address: \_\_\_\_\_

☐ Contact me by **U.S. mail** at the following address: \_\_\_\_\_

☐ I authorize uSmileUSA to contact me through any of the methods listed above, with the exception of \_\_\_\_\_

If for any reason I choose to not be contacted via any one of the methods listed above, I will notify uSmileUSA in writing.

☐ By checking this box, I consent to the following: uSmileUSA or its service provider may contact me to provide healthcare information, such as appointment reminders and information about treatment, payment, my account or my insurance, using software that may be capable of automatic dialing.

### Acknowledgment

You must acknowledge each of the following before we can send communications electronically.

I understand that all electronic communications from uSmileUSA will be encrypted. \_\_\_\_\_ (Initials)

I am responsible for providing uSmileUSA any updates to my email address. \_\_\_\_\_ (Initials)

I am able to receive information electronically and store it securely away from any public computer. \_\_\_\_\_ (Initials)

I can withdraw my consent to electronic communications by calling uSmileUSA at (206) 542-7000. \_\_\_\_\_ (Initials)

Patient's signature: \_\_\_\_\_

Date: \_\_\_\_\_