

Communication Consent Form

In order to comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, we ask that our clients review and sign this Communication Consent Form.

I, _____ authorize Ft. Myers Dental Care to contact me and or/ named authorized person (s) by the following methods for confirmation of appointments as well as any communications regarding appointments and assume responsibility to notify Ft. Myers Dental Care whenever this information changes.

Email: _____ @ _____ Yes ___ No

Telephone: _____ Yes ___ No

SMS Text Message: _____ Yes ___ No

If you chose not to receive notifications through SMS text message or email, we will continue to contact you via telephone for all appointment confirmations.

Patient Signature: _____ Date: _____

A copy of this document will be provided to you upon request.

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