



RECEIVE APPOINTMENT REMINDERS VIA EMAIL AND TEXT!!

PLEASE CHECK A SOURCE IN WHICH YOU WOULD LIKE TO RECEIVE APPOINTMENT REMINDERS

- Email
- Text Message
- Both Email and Text Message

Email Address: _____
(if applicable)

Cell Phone: _____
(if applicable) **MUST REPLY WITH "Y" WHEN PROMPTED**

We use this information to provide you with excellent treatment. We may disclose Patient Health Information (PHI) to third parties that perform services for Kyrene Family Dentistry in the administration of your benefits in accordance with HIPAA. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Kyrene Family Dentistry in the administration of your benefits. Our affiliates do not sell, share or rent our users' personally identifiable information unless required by law, do not send and e-mail or other communications without user permission, and do not send spam.

Please sign below that you agree to allow us to use this information in providing your services.

Signature: _____

Print: _____

Date: _____