

Barbara Young, DDS, Inc.
3764 Clairemont Drive
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Email/ FAX & Text Communication

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information contained in an email may be misdirected, disclosed, or intercepted by unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum amount of protected health information in any communication.

Patient Communications:

- I consent to and accept the risk in receiving information via email. I understand I can withdraw my consent at any time.
- I consent *only to receiving appointment reminders* via email or text. I understand I can withdraw my consent at any time.
- I *do not consent* to receiving any information via email. I understand I can change my mind and provide consent later

My email address is: _____

(Our first email to you will verify the email address you provide.)

Doctor Communications:

When Dr. Young refers you to a specialist, it is beneficial to share your information. Checking the box below facilitates coordinating your treatment with specialists.

- I consent to and accept the risk in *sharing information with specialists via fax and email.*
I understand I can withdraw my consent at any time.

Patient Name (please print)

_____/_____
Patient Signature Date