



South Shore Dentistry
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Chancellor Corporate Center
12012 So. Shore Blvd. Suite 101
Wellington, FL 33414

Email and Text Messaging Program Consent Form

Patient name

We are happy to provide our patients with the option to participate in our online patient communication system. Some of the features include the ability to:

- Request appointments via email
- Confirm appointments via email
- Receive text message appointment reminders
- Submit patient satisfaction surveys
- Refer your friends online

You may choose to discontinue your participation in our online communication system at any time simply by clicking the “unsubscribe” link found at the bottom of each email, or by replying “STOP” to a text message from us. Standard text messaging rates may apply.

Please provide us with the following contact information.

Home phone

Cell phone

Email

We use this information strictly for the purposes of communicating with you more efficiently. Our goal is to provide you with excellent treatment as well as overall service and satisfaction. We may disclose patient health information (PHI) to third parties that perform services for this practice 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 this practice 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 any e-mail or other communications without your permission, and do not send spam.

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

Patient signature and date