

# OLIM AND ASSOCIATES

## Agreement to Receive Electronic Communication

I am giving Olim & Associates the permission to email communicate and forward requested correspondence to me by email. I have listed my email address listed below and I understand the risks involved through email correspondence and accept this risk.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree that the dental practice may communicate with me electronically at the email address below.

**I am aware that there is some level of risk that third parties might be able to read unencrypted emails.**

I am responsible for providing the dental practice any updates to my email address.

I can withdraw my consent to electronic communications by calling:

\_\_\_\_\_ 281-492-6546 \_\_\_\_\_ [practice's telephone number].

Email Address (PLEASE PRINT CLEARLY):

\_\_\_\_\_ @ \_\_\_\_\_

Patient Signature: \_\_\_\_\_

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

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