

Chip Paluska, D.M.D., PC
1211 Liberty St. SE
Salem, OR 97302
(503) 362-5019

Consent for Electronic Communication

Patient Name _____ Date of Birth _____

Parent or Guardian (if applicable) _____

I agree that Dr. Paluska may communicate with me using the following electronic methods:

Text (Cell number) _____

Email (Please Print) _____

By signing below, I agree to the following:

- I am aware that there is some level of risk that third parties might be able to read unencrypted emails and/or text messages.
- I am responsible for providing the dental practice any updates to my email and/or cell phone number
- I understand that Dr. Paluska will **not** sell or disclose any HIPPA protected personal contact information to any third party for marketing purpose without my expressed written permission.
- I can withdraw my consent to electronic communications at any time by calling **(503) 362-5019**

Patient Signature: _____

Date: _____

***NOTE: This service is for appointment reminders only and cannot be used for emergency contact.**