Classi Smiles
EXCELLENCE IN COSMETIC & IMPLANT DENTISTRY

800B 5TH AVENUE, SUITE 2 NEW YORK, NY 10065 · 212.682.3313

AGREEMENT TO RECEIVE ELECTRONIC COMMUNICATION

Until I tell you in writing to stop, I authorize Dr. Anthony Classi to transmit patient information relating to my treatment, health, or payment by email or other electronic means, such as texting etc. without encryption or special security precautions, to me or someone I designate, or to other health care providers, health plans, and others involved in my treatment, payment for my treatment, or Dr. Anthony Classi health care operations. The patient information that may be emailed may include my x-rays, health history, diagnosis, treatment, and payment records.

If you insist on encrypted text or email we will try, if reasonable, otherwise we will use regular mail or fax.

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:

DR. ANTHONY CLASSI · 212-682-3313

EMAIL _____

PLEASE CHECK ALL THE WAYS WE CAN COMMUNICATE WITH YOU:

☐ HOME PHONE ☐ CELL PHONE
☐ TEXTING ☐ EMAIL

PATIENT SIGNATURE _____ DATE _____