

Ridge Crest Periodontics

Authorization for **Patient Follow Up Communication**

At Ridge Crest Periodontics, we recognize that quality patient care includes communication before and after an office visit. We also recognize that electronic communication is convenient for our patients. **But it has risks.**

It is important our patients understand that today's electronic environment is highly susceptible to breaches, hacking, and the possibility of others viewing communications at home or at your place of work. This is why healthcare privacy laws regarding communication are in place.

We already have the right to communicate with you in these ways unless you told us otherwise:

- Phone calls to the number you gave us
- Written communication mailed to the address you gave us

We need further permission if you would like us to communicate your individual or protected health information in either of these following ways:

- **Secure Text Messaging using Rhinogram;** *requires your cell number:* _____
This secure application meets requirements of healthcare privacy laws the way we use it. But depending on your phone settings, others may see notification banners indicating we have texted you, and if you give others access to your phone, they may be able to access your messages.
I understand the potential risks of Text Messaging and want to use it anyway. Initials _____

- **Secure Email;** *requires your email address:* _____
Email is generally not considered secure without using encryption. We use secure email applications such as Virtru and Crypt-n-Send, to meet requirements of healthcare privacy law.
I understand the potential risks of using Email and want to use it anyway. Initials _____

- **Automated Appointment Reminders;** *requires your cell number* _____
Our automated service uses your regular SMS texting app but does not include any information other than the date and time of your appointment.
I want to receive appointment reminders on my cell phone. Initials _____

PLEASE DO NOT EVER TEXT OR EMAIL US ANY PRIVATE OR HEALTHCARE INFORMATION
using your regular unsecured SMS cell phone texting app, or your regular unencrypted email.

For my convenience, I, the undersigned, wish to use the above selected communications with Ridge Crest Periodontics as indicated by my initials. I understand and accept the risks of electronic communication regardless of the attempt to make them secure by healthcare privacy law standards.

I also understand that I may change my mind and revoke this authorization at any time, although, actions already taken under a prior valid authorization may not be able to be reversed.

Signed Effective Date: _____

Printed name

Patient name if minor

ONLY APPOINTMENT REMINDERS WILL BE SENT TO A MINOR'S PHONE IF REQUESTED.
SECURE EMAIL AND SECURE TEXTING OF PATIENT INFORMATION WILL ONLY BE SENT PARENT/GUARDIAN CONTACT INFO.