



3796 Satellite Blvd.
Suite # 100
Duluth, GA 30096
770.476.4140

dentalhomeatlanta@gmail.com
www.dentalhomeatl.com

ELECTRONIC COMMUNICATIONS CONSENT FORM

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication Services more fully described in the Appendix to this consent form. I understand and accept the risks outlined in the Appendix to this consent form, associated with the use of the Services in communications with Dentalhome @ Gwinnett Place. I consent to the conditions and will follow the instructions outlined in the Appendix, as well as any other conditions that the doctor may impose on communications with parents/patients using the Services.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the doctor or the doctor's staff using the Services may or may not be encrypted. Despite this, I agree to communicate with Dentalhome @ Gwinnett Place using these Services with a full understanding of the risk.

I acknowledge that either I or Dentalhome @ Gwinnett Place may, at any time, withdraw the option of Communicating electronically through the Services upon providing written notice which will take effect upon receipt, excluding prior communications. Any questions I had have been answered.

Dentalhome @ Gwinnett Place has offered to communicate using these means of HIPPA-Compliant electronic communication ("the Services"). My preferences are indicated below by Checking "yes" or "no":

- YES NO EMAIL: _____ @ _____ .com
- YES NO SOCIAL MEDIA : Facebook, Office Website, **(Dentalhome @ Gwinnett Place will not use social media for health, account, finance, insurance information)**
- YES NO VOICEMAIL: (_____) _____ - _____
- YES NO TEXT: (_____) _____ - _____

Except as indicated above for social media, specific description of patient information to be used or disclosed:

- YES NO APPOINTMENT/ RECALL REMINDERS
YES NO MEDICAL/DENTAL INFORMATION
YES NO ACCOUNT/INSURANCE/BILLING

Patient Name: _____

Date: ___ / ___ / ___

Patient Signature: _____

Date: ___ / ___ / ___

Witness: _____

Date: ___ / ___ / ___

Appendix: Risks of Using Electronic Communications

Dentalhome @ Gwinnett Place (hereafter "DH@GP") will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to Use Electronic Communications). However, because of the risks outlined below, DH@GP cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of CPD or the parent/legal guardian.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

If the email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of using the Services

- While DH@GP will attempt to review and respond in a timely fashion to your electronic communication, DH@GP cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters.
- If your electronic communication requires or invites a response from DH@GP and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on DH@GP's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.

Initial: _____

Appendix, cont'd

- DH@GP may forward electronic communications to staff and those involved in the delivery and administration of your care. DH@GP might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You and DH@GP will not use the Services to communicate sensitive medical information about matters specified below, unless "Yes" is indicated:
- You agree to inform DH@GP of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying DH@GP in writing. • Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- DH@GP is not responsible for information loss due to technical failures associated with your software or internet service provider.

Instructions for communication using the Services

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Timely inform DH@GP of any changes in the parent/legal guardian's email address, mobile phone number, or other account information necessary to communicate via the Services.

If the Services include email, instant messaging and/or text messaging, the following applies:

- Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your full name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to DH@GP
- Ensure that DH@GP is aware when you receive an electronic communication from DH@GP, such as by a reply message or allowing "read receipts" to be sent.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to DH@GP
- If you or your child require immediate assistance, or if your child's condition appears serious or rapidly worsens, you should not rely on the Services. Rather, you should call DH@GP's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.
- Other conditions of use in addition to those set out above: (parent/legal guardian to initial)

I have reviewed, understand and accept the risks, conditions and instructions described in this Appendix:

Patient Name: _____ **Date:** ___ / ___ / ___

Patient Signature: _____ **Date:** ___ / ___ / ___

Witness: _____ **Date:** ___ / ___ / ___