



Patient Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent e-mail: \_\_\_\_\_

Parent cell phone number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

### Consent for Communication via Electronic Mail and Text Messaging

I give my consent for Hoosier Pediatric Dental Group, LLC business office staff to communicate with me via email and text in regard to my child (ren).

By providing this email address and my mobile phone number, the providers and staff at Hoosier Pediatric Dental Group, LLC will assume that they are communicating ONLY with the legal parent or legal guardian of the patient named above. Once the information to be communicated is sent to the above email address, the legal parent/legal guardian of the patient will be responsible for maintaining the security of the information. The legal parent/legal guardian must recognize that the information transmitted cannot be considered secure and that there is some risk to the patient that their personal protected health information may be accessed by others.

E-mail questions will be answered within 48 hours. Text messages will be answered within 24 hours.

All questions regarding the care and health of your child should be directed to Dr. Joshi by calling 765-673-0633.

***\*Hoosier Pediatric Dental Group does not provide any dental advice or treatment via e-mail or text.***

Parent/Guardian Signature: \_\_\_\_\_

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