



Edith Cuevas Mendoza

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(310) 838-3337

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COMMUNICATION CONSENTS

EMAIL CONSENT FORM

PURPOSE: This form is used to obtain your consent to communicate with you by email regarding your Protected Health Information. Edith Cuevas Mendoza offers patients the opportunity to communicate by email. Transmitting patient information by email has a number of risks that patients should consider before granting consent to use email for these purposes. Edith Cuevas Mendoza will use reasonable means to protect the security and confidentiality of email information sent and received. However, Edith Cuevas Mendoza cannot guarantee the security and confidentiality of email communication and will not be liable for inadvertent disclosure of confidential information.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of email between Edith Cuevas Mendoza and myself, and consent to the conditions outlined herein. Any questions I may have, been answered by Edith Cuevas Mendoza.

Patient's signature:

Date:



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TEXT MESSAGE TO MOBILE CONSENT FORM

PURPOSE: This form is used to obtain your consent to communicate with you by mobile text messaging regarding your Protected Health Information. Edith Cuevas Mendoza, offers patients the opportunity to communicate by mobile text messaging. Transmitting patient information by mobile text messaging has a number of risks that patients should consider before granting consent to use mobile text messaging for these purposes. Edith Cuevas Mendoza will use reasonable means to protect the security and confidentiality of mobile text messaging information sent and received. However, Edith Cuevas Mendoza cannot guarantee the security and confidentiality of mobile text messaging communication and will not be liable for inadvertent disclosure of confidential information.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of mobile text messaging between Edith Cuevas Mendoza and myself, and consent to the conditions outlined herein. Any questions I may have, been answered by Edith Cuevas Mendoza.

Patient's signature:

Date: