

# APPOINTMENT REMINDERS



Please circle all sources in which you would like to receive appointment reminders and provide the information needed to contact you. Thanks!

**Phone Call**

**Text Message**

**Email**

#: \_\_\_\_\_ Home or Cell?

Email: \_\_\_\_\_

We use this information to provide you with excellent treatment. We may disclose patient health information (PHI) to third parties that perform services for Ericksen Dental in the administration of your benefits in accordance with HIPAA. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Our affiliates do not email or send other forms of communication without user information and do not send spam.

Please sign below that you agree to allow us to use this information in providing your services.

X \_\_\_\_\_ Signature

X \_\_\_\_\_ Print

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

