

Dr. Charles E. Flowers LLC

http://www.columbiascdentist.com

| 7007 A Brookfield RD • Columbia, SC 29223

drceflowers@att.net

(803)787-6646

Consent for Internet Communications

Patient Name: _____
Last First MI Preferred Name

I grant my permission to the dental practice to upload and store confidential patient information (including account information, appointment information and clinical information) to the secured web site for the dental practice. I understand that, for security purposes, the site requires a user ID and password for access and use. I also understand the dental practice and I are responsible for maintaining the strict confidentiality of any ID and password assigned to me; and that the dental practice is not liable for any charges, damages, or losses that may be incurred or suffered as a result of my failure to maintain confidentiality. I understand the dental practice is not liable for any harm related to the theft of my ID and password, my disclosure of my ID and password, or my authorization to allow another person or entity to access and use the dental practice web site with my ID and password. I also agree to immediately notify the dental practice of any unauthorized use of my ID or of any other need to deactivate my ID due to security concerns.

I also understand that State and Federal laws, as well as ethical and licensure requirements impose obligations with respect to patient confidentiality that limit the ability to make use of certain services or to transmit certain information to third parties. I understand the dental practice will represent and warrant that they will, at all times during the terms of this Agreement and thereafter, comply with all laws directly or indirectly applicable that may now or hereafter govern the gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of my information, and use their best efforts to cause all persons or entities under their direction or control to comply with such laws. I agree that the dental practice has the right to monitor, retrieve, store, upload and use my information in connection with the operation of such services, and is acting on my behalf in uploading my patient information. I understand the dental practice will use commercially reasonable efforts to maintain the confidentiality of all patient information that is uploaded to the web site on my behalf. I understand the dental practice CANNOT AND DOES NOT ASSUME ANY RESPONSIBILITY FOR MY USE OR MISUSE OF PATIENT INFORMATION OR OTHER INFORMATION TRANSMITTED, MONITORED, STORED, UPLOADED OR RECEIVED USING THE SITE OR THE SERVICES.

I have read the information above regarding the secured uploading of patient information to the web site for the dental practice, and grant the dental practice permission to securely upload my patient information to the web site.

Signature of patient, parent, or guardian:

Signature _____ Date _____

Relationship to Patient:

Electronic Communication with Patients

At Dr. Charles Flowers, LLC, we are always striving to improve communication and prioritize convenience for our patients. We would like to communicate with you via email and text messaging for ADMINISTRATIVE PURPOSES.

It is important to note that this type of communication is not always secure. Emails and Text messages can be intercepted. For this reason, We DO NOT COMMUNICATE PERSONAL HEALTH INFORMATION VIA EMAIL OR TEXT MESSAGE.

Email Communication

Our practice uses email, sent from Drceflowers@att.net, to communicate with patients and parents of patients about the following:

- 1) Appointment Reminders
- 2) Office information- such as, changes in office hours, holiday schedules and weather delays
- 3) Office Newsletter

Text Messaging

Our practice also uses text messaging to communicate with patients and parents of patients. We will use text messaging to communicate with you about the following:

- 1) Appointment Reminders

