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WOLFE ORTHODONTICS

Orthodontics East

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Please use this form to let us know the method(s) you prefer to use in communicating with you.

NAME: _____ **DOB:** _____

You may change your mind at anytime and we will provide you with another copy of this form to request modification of your preferred method(s) of communication.

Communication by email or text message

If there is communication by email or text message, we must warn you there is some level of risk that protected health information transmitted by encrypted email or unencrypted text message could be intercepted or read by unauthorized person. In light of this warning, you may still give your permission for communication by email or text. We are not responsible for unauthorized access of your protected health information while in transmission or for safeguarding information that has been delivered to you. You may check one or more options below or if you preference is not listed, please provide specific directions in the space provided following the options listed.

I give permission for you to communicate with me by: (You may choose one or more options)

1. **Telephone**

   Call my home number: _____

   Call my cell number: _____

   Call my work number: _____

   Call this number: _____

2. **Email**

   Email me at this address _____

3. **Text Message**

   Text me at this number: _____

4. Other method of contact (please be specific) _____

My preference for appointment reminders is ☐ email ☐ telephone