

Consent for Electronic Communication

You have requested that our practice communicate with you electronically. By utilizing our practice's electronic services, you agree that Windy City Orthodontics may send to you any of the following that you identify as communication that can be sent through the Internet to an email address you designate.

Consent and Acknowledgement

I _____, in the presence of my orthodontist, agree that the practice may electronically communicate with me at the following email address.

Email Address _____

Patient's Date of Birth (for verification purposes) _____

I acknowledge that the practice may send the following to my email. Check each that apply, and then provide your initials at the end of each item selected.

- Information about my invoice or accounts payable. _____(initials)
- Information about a specific dental visit. _____(initials) Specify _____
- Information about any dental visit. _____(initials)

Acknowledgement

You must acknowledge each of the following before we can send communications electronically.

_____ I am responsible for providing the office any updates to my email address.

_____ I am able to receive information electronically and store it securely away from any public computer.

_____ I can withdraw my consent to electronic communications by calling the office at 773.697.8038.

Patient's Signature _____ Date _____



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INFO@WINDYCITYORTHO.COM

Acknowledgement of Receipt of Notice of Privacy Practices

* You May Refuse to Sign This Acknowledgment*

I, _____, have received a copy of this office’s Notice of
Privacy Practices.

Print Name _____

Signature _____

Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but
acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
