

# Boynton Health Patient Communication Consent

You have requested that the Boynton Health Service; Dental Clinic communicate with you by e-mail, text, or voicemail. These messages may contain private health information. Due to the risk that these messages can be misdirected or intercepted by unintended parties, the University of Minnesota cannot and does not guarantee the confidentiality of messages sent over the Internet or via voicemail. In addition, messages sent to or received from work e-mail accounts also may be monitored or viewed by your employer.

**If you wish to communicate by e-mail, text, or voicemail, please check the appropriate box below and enter the e-mail address and/or phone number.**

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

Text: \_\_\_\_\_

Voicemail: \_\_\_\_\_

Signature: \_\_\_\_\_

Print your name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Today's date: \_\_\_\_\_

For office use only

MRN: \_\_\_\_\_

