



Rice Family Dentistry^{LLC}

810 Main Street, Winfield, KS 67156 620•221•7737

Email and Text Messaging Program Consent Form

Rice Family Dentistry is happy to provide our patients with the option to participate in our online patient communication system. These features include, but are not limited to:

- 1.) Confirming appointments via email
- 2.) Confirming appointments via text message

You may choose to discontinue your participation in our online communication at any time by replying "STOP" to the text message or email. Standard text message rates may apply.

If you would like to participate, please provide us with the following information:

Patient(s) Name: _____

Cell Phone: _____

Email Address: _____

***If you do not wish to participate, Please sign here: _____

Dr Rice and Rice Family Dentistry staff shall not be held liable for any breach of confidentiality that may result from this use of email or text message. We use this information strictly for the purposes of communicating with you more efficiently. Our goal is to provide you with excellent treatment as well as overall service and satisfaction. Our office does not sell, share, or rent our patient's personal or identifiable information unless required by law. We do not send any email or other communications without your permission and our office does not send spam.

Sign: _____ Date: _____