



Robert Barberee DDS

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Electronic and Confidential Communications Agreement

Patient Name: _____ Date of Birth: _____

Use this form if you would like our dental practice to communicate with you other than at your primary phone number and /or address. Fill out this request in its entirety. Your request may affect our normal billing and payment procedure. Please specify your alternative method for handling payment.

I agree that the dental practice may communicate with me electronically at the email address below. I am aware that there is some level of risk that third parties might be able to read unencrypted emails. I am responsible for providing the dental practice any updates to my email address. I can withdraw my consent to electronic communications by calling our office.

Email Address: _____

I have received and reviewed a copy of our dental practice's privacy, security and breach notification policies and procedures. I understand that I should ask our dental practice's Privacy Official if I have any questions about these policies and procedures.

Print Name: _____

Signature: _____

Date: _____