



100 Sparks Valley Road, Suite C
Hunt Valley, Maryland 21152

Authorization to Communicate by E-mail and Text

In an effort to communicate in a more efficient and timely manner with our patients, Shari C. Kohn, D.D.S., P.A. (t/a Dentistry for Kids) are implementing a new policy of using email and text communications to our patients for non-urgent messages. These communications will include, but not be limited to: appointment confirmations, scheduling, general questions, x-ray/patient records requests, and communication with mutual health care providers. We believe this new policy will allow our staff to better serve the needs and expectations of our patients.

Please read and sign the authorization below.

I, the undersigned, hereby authorize Dentistry for Kids to utilize email and text to communications to myself (child) or my (child's) health care providers. I understand that this might include personal health information.

Authorized Email Address: _____

Authorized Text Number: _____

Signature of Patient or Legal Guardian: _____

Names of ALL patients for which this authorization applies:

Witness: _____

(Sign and Date)