

## Sweet Smile Orthodontics E-mail Permission

I, \_\_\_\_\_, hereby consent to have **Sweet Smile Orthodontics** and **Dr. Tony Tyan**, communicate with me or members of his staff, where appropriate or other dentists, physicians, nurse practitioners and pharmacists via e-mailing regarding of my or my child's, \_\_\_\_\_, treatment: [such as but not limited to prescriptions, appointments, billing, photos, x-rays, etc.]. I understand that e-mail is not a confidential method of communication. I further understand that there is a risk that e-mail communications between my physician and me or members of my physician's office staff, or between my physician and other physicians, nurse practitioners and pharmacists regarding my medical care and treatment may be intercepted by third parties or transmitted to unintended parties. I also understand that any e-mail communications between my physician and me or members of his office staff, or between my physician and other physicians, nurse practitioners or pharmacists regarding my medical care and treatment will be printed out and made a part of my medical record.

Patient/Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_