

## E-MAIL / TEXT NOTIFICATION OPT-IN CONSENT FORM

ARMOND AGHAKHANI, DDS, is offering E-Mail Text Message notification for Appointment Reminders and other patient care related information. The system will allow you to verify appointment at a time convenient to you, to request future appointments, and to keep you informed of office and patient care information. If you choose to opt-in to the system please provide us with your email address and text message number below. This information is only used for ARMOND AGHAKHANI, DDS, purposes and is governed by the same HIPPA protection as all other information. We will start utilizing the system once you have signed the Opt-in consent form below.

Full Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

I authorize ARMOND AGHAKHANI, DDS, to notify me of patient care related information on my E-Mail or Text Messaging.

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

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