



Silver Smiles

Dr. Caytlyn Foy Bonura

Agreement for Communications

Silver Smiles PC will share protected health information only with the people that you choose in order to coordinate your care and provide dental and case management service, arrange for prescriptions for any needed medication, schedule with providers, discuss your treatment or discuss payment.

Please check any of the following boxes:

Silver Smiles PC may use my email address and/or text messaging to communicate PHI. email address and phone number:

I am aware that there is some level of risk that third parties might be able to read unencrypted texts and emails.

I am responsible for providing the dental practice any updates to my email address and phone number.

Silver Smiles PC may share information with anyone that answers my home phone.

Silver Smiles PC may share information with the following people:

Silver Smiles PC may not share my information with anyone. Only discuss my treatment the payment for services, the delivery of my medicine, with me, the patient, my doctor(s) and insurance company.

I agree to the consent to share information with Silver Smiles PC. I also understand that if I have any questions or complaints, I may contact: Dr. Bonura @ 575-534-3699

Patient Name (Print) _____ Date _____

Patient/Guardian Signature _____ Relationship _____