



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

Authorization to Communicate by E-mail, Text and Voicemail

In order to communicate more efficiently with our patients, Shari C. Kohn, D.D.S., P.A. (t/a Dentistry for Kids) may use email, text and/or voicemail regarding our patients for non-urgent messages. These communications will include, but not be limited to: appointment confirmations, scheduling, general questions, and communication with mutual health care providers. We believe this 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, text and/or voicemail to communicate with 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: _____

I specifically request that the following individuals be granted access to medical information about myself (or if a minor, my child) without restriction: (ex- grandparent, nanny)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Names of ALL patients for which this authorization applies: (list all children)

Witness: _____

(Sign and Date)