

Consent to Receive Phone Calls

In accordance with the The Telephone Consumer Protection Act of 1991 (TCPA) and Health Insurance Portability and Accountability Act (HIPAA), we may send information including protected health care information, demographic, or billing information that may individually identify you or the patient and that relates to past, present, or future health conditions and related health care services and payment for the purpose of treatment and billing. Our complete privacy practice policy is on display in our reception area. We appreciate your time in completing this document.

I, _____ the parent /legal guardian
(Please Circle)

of _____
(Please List All Children Patients)

consent to receive calls and texts from Jonathon Everett Lee, D.D.S., Inc. (DBA: Bay Area Pediatric Dental Wellness Group) or companies acting on behalf of Jonathon Everett Lee, D.D.S., Inc. for the protected healthcare information, accounting and other services of mine and the above listed patient(s) at the phone number(s) below, including my wireless number which my agent or I have provided. I understand that I may be charged for such calls and texts by my wireless carrier and that such calls may be generated by an automated dialing system.

Home: _____ Wireless: _____ Work: _____
(Please List Phone Numbers)

Signature _____ Date _____

FOR OFFICE USE ONLY Account #: _____