



**HIPAA AUTHORIZATION FOR USE/DISCLOSURE OF INFORMATION,  
CONSENT TO RECEIVE TEXT MESSAGES**

Moreland Dental respects the privacy of our patients, visitors and staff. Ensuring that medical information is kept confidential is among our highest priorities. To ensure that Moreland Dental is acting in accordance with your wishes, using your personal information with your authorization, and communicating with you in a manner with which you authorize, we ask you to fill out and sign this form. Moreland Dental will keep a copy of your written permission on file.

I specifically authorize text messaging communication with Moreland Dental. The phone number I want text communications sent to is \_\_\_\_\_. I understand that text message communications may be unsecured. I understand that a risk of unsecured text messages is the potential that the communication could be read by a third party. I understand my mobile provider's standard rates for sending and receiving text messages will apply.

I am not required to sign this authorization. Moreland Dental does not condition treatment, payment, benefit eligibility, or enrollment activities on the signing of this form. I can request a copy of this authorization be mailed to me.

I understand that I may revoke or withdraw this permission at any time to prohibit future use of text communications. To do so, I must send written notice to Moreland Dental at 6200 SE Milwaukie Ave. Portland, OR 97202 or via email to [smile@morelanddental.com](mailto:smile@morelanddental.com). I understand that Moreland Dental will retain any such electronic or printed versions as a part of my record.

Patient name: \_\_\_\_\_

Parent or Guardian name: \_\_\_\_\_

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