



Consent for Internet Communications

I grant my permission to Jarod Oliver, DDS and Celeste Oliver DDS, DHSc to upload and store confidential patient information — including account information, appointment information and clinical information — to the secured web site for Jarod Oliver, DDS/Celeste Oliver, DDS, DHSc. I understand that, for security purposes, the site requires a user ID and password for access and use. I also understand Jarod Oliver, DDS/Celeste Oliver, DDS, DHSc and I are responsible for maintaining the strict confidentiality of any ID and password assigned to me; and that Jarod Oliver, DDS/Celeste Oliver DDS, DHSc is not liable for any charges, damages, or losses that may be incurred or suffered as a result of my failure to maintain confidentiality. I understand Jarod Oliver, DDS/Celeste Oliver DDS, DHSc is not liable for any harm related to the theft of my ID and password, my disclosure of my ID and password, or my authorization to allow another person or entity to access and use the Jarod Oliver, DDS/Celeste Oliver DDS, DHSc web site with my ID and password. I also agree to notify Jarod Oliver, DDS/Celeste Oliver DDS, DHSc of any unauthorized use of my ID or of any other need to deactivate my ID due to security concerns. I also understand State and Federal laws, as well as ethical and licensure requirements impose obligations with respect to patient confidentiality that limit the ability to make use of certain services or to transmit certain information to third parties. I understand Jarod Oliver, DDS/Celeste Oliver DDS, DHSc will represent and warrant that they will, at all times during the terms of this Agreement and thereafter, comply with all laws directly or indirectly applicable that may now or hereafter govern the gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of my patient information, and use their best efforts to cause all persons or entities under their direction or control to comply with such laws. I agree that Jarod Oliver, DDS/Celeste Oliver DDS, DHSc has the right to monitor, retrieve, store, upload and use my patient information in connection with the operation of such services, and is acting on my behalf in uploading my patient information. I understand Jarod Oliver, DDS/Celeste Oliver DDS, DHSc will use commercially reasonable efforts to maintain the confidentiality of all patient information that is uploaded to the web site on my behalf. I understand Jarod Oliver, DDS/Celeste Oliver DDS, DHSc cannot and does not assume any responsibility for my use or misuse of patient information or other information transmitted, monitored, stored, uploaded, or received using the site or the services. I understand that email communications from Jarod Oliver, DDS/Celeste Oliver DDS, DHSc may be encrypted, and Jarod Oliver, DDS/Celeste Oliver DDS, DHSc cannot guarantee the confidentiality and security of any information sent unencrypted by email. I understand that SMS messages are even less secure than email, and the same conditions apply. I understand that I may opt out of automated email and text message appointment reminders or newsletters at any time. I understand that I should notify Jarod Oliver, DDS/Celeste Oliver DDS, DHSc of any changes in my email address or mobile phone number to help ensure proper delivery of all communications. I understand that Jarod Oliver, DDS/Celeste Oliver DDS, DHSc will not be responsible for email or text messages that are not received or delivered due to technical failure, or for the disclosure of confidential information unless caused by intentional misconduct. I have read the information above regarding the secured uploading of patient information to the web site for Jarod Oliver, DDS/Celeste Oliver DDS, DHSc, and grant Jarod Oliver, DDS/Celeste Oliver DDS, DHSc permission to securely upload my patient information to the web site. I have also read the information above regarding communication by email and text and I give permission for Jarod Oliver, DDS/Celeste Oliver DDS, DHSc to contact me by email and text messaging regarding my/my child's treatment and appointments. I understand I will be asked to sign that I have read and understand this policy along with the submission of my electronic New Patient Forms. I also understand this form is available for me to review/sign manually in the office.