

Consent to Receive Phone Calls

In accordance with the The Telephone Consumer Protection Act of 1991 (TCPA) and Health Insurance Portability and Accountability Act (HIPPA), we may send you 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 or 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 of

please list all children

consent to receive calls and texts from Missoula Pediatric Dentistry, PLLC or companies acting on behalf of Missoula Pediatric Dentistry, PLLC 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 and texts may be generated by an automated dialing system.

Home _____ Wireless _____ Work _____

Signature _____ Date _____