



CONSENT FOR COMMUNICATION BY EMAIL AND/OR TEXTING

HO'OLA LĀHUI HAWAI'I  
Dental Department

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I, \_\_\_\_\_ hereby consent to have my provider communicate with me or members of my providers staff, where appropriate, or other providers, nurses, and pharmacists via e-mailing and/or texting, regarding the following aspects of my health care and treatment:

I understand that e-mail and/or texting is not a confidential method of communication. I further understand that there is a risk that e-mail and/or texting communications between my provider and me or members of my providers' office staff or between my provider and other providers, nurses, and pharmacists regarding my health care and treatment may be intercepted by third parties or transmitted to unintended parties. I also understand that any e-mail and/or texting communications between my provider and other providers, nurses, or pharmacists regarding my health care and treatment will be printed out and made a part of my medical record. U understand that in an urgent or emergent situation, I should call my provider or go to the Emergency Room and not rely on e-mail and/or texting.

Please initial if applicable:

I consent to communication by e-mail

I consent to communication by texting

Print Your Full Name

Signature \_\_\_\_\_

Date \_\_\_\_\_