

**Authorization For Use of Email  
Address and/or Mobile Text  
Message**



You are requested to provide your email address and/or mobile telephone number to UTHealth School of Dentistry. The provision of your email address and/or mobile telephone number is entirely voluntary. Your email address and/or mobile telephone may be used by UTHealth School of Dentistry, its affiliated entities, and business associates for the following purposes:

Appointment reminders, to inform you of benefits and services related to your health, through the use of online surveys emailed to you by UTHealth School of Dentistry, its affiliated entities and business associates, to allow you to communicate your opinion of our staff, facilities and services received, as required by law and for certain law enforcement activities, as otherwise described in our Joint Notice of Privacy Practices.

Except as described above, we will not use or disclose your email address unless you authorize (permit) UTHealth School of Dentistry in writing to disclose your email address. If you initially give permission, you may revoke that permission, which will be effective only after the date of your written revocation. As the patient email addresses UTHealth School of Dentistry collects may be assembled into a mailing list, group mailings will not be sent in a manner in which recipients are visible to one another.

_____	_____	_____
Name of Patient	Signature of Patient, Parent, or Legal Guardian	Date