



**CONSENT FOR INTERNET COMMUNICATION**

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Patient Name

Date

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Email address

I grant permission to Harmon Dental Center at Old Henry Crossing to upload and store confidential patient information, including but not limited to account information, appointment information, and clinical information, to the secured website for Harmon Dental Center at Old Henry Crossing, HarmonDentalCenter.com. I understand that the site will require a username and password for access and use. I further understand that I am responsible for maintaining the strict confidentiality of any ID and password assigned to me and that Harmon Dental Center at Old Henry Crossing is not liable for any charges, damages, or losses that may be a result of my failure to maintain confidentiality. Harmon Dental Center at Old Henry Crossing 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 website with my ID and password. I understand that I am responsible for immediately notifying Harmon Dental Center at Old Henry Crossing of any unauthorized use of my ID or of any other cause for deactivating my ID due to security concerns. I understand that state and federal laws, as well as the ethical and licensure requirements, require patient confidentiality that limits the ability of make use of certain electronic services or the transmission of certain information to third parties. I understand that Harmon Dental Center at Old Henry Crossing represents and warrants that they will, at all times, during the gathering, use, transmission, processing, receipt, reporting, disclosure, maintenance, and storage of my patient information, use their best efforts to cause all persons or entities under their direction or control to comply with such laws and regulations. I agree that Harmon Dental Center at Old Henry Crossing 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 for my use on the website.

I have read the above information regarding the secured uploading of patient information to the website for Harmon Dental Center at Old Henry Crossing, HarmonDentalCenter.com, and grant permission to securely upload my patient information to the website.

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Signature of patient, guardian, or spouse

Relationship to patient

Date

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**HARMON DENTAL CENTER at OLD HENRY CROSSING**