

**JASON J. AUGUSTINE, DDS, MS, PC & ASSOCIATES**

**Jason J. Augustine, DDS, MS, PC Dirk M. Donovan, DMD, MSD**

**Permission for Confidential Communication**

While every attempt is made to reach you in person, the fact is we often have to communicate with our patients through voice mail and leaving messages. To ensure your privacy, please provide us with a phone number that has an answering machine so that we can reliably leave a phone communication for you.

I, \_\_\_\_\_ agree to furnish the phone number below to Dr. Jason Augustine and his staff for the purpose of communicating with me. I understand that this phone number will be used to leave messages that may contain private information such as appointment confirmations, clinical information, medications, surgical or follow up instructions, as well as financial or insurance information. I will be responsible to inform Dr. Augustine or a staff member whenever I want to change this contact number.

Phone \_\_\_\_\_

Signed patient \_\_\_\_\_