

**SUSAN J. NOBLE, D.D.S., F.A.A.P.D.**  
**AUTHORIZATION TO COMMUNICATE BY E-MAIL, TEXT AND FAX**

In an effort to communicate in a more efficient and timely manner with our patients, Susan J. Noble, D.D.S. are implementing a new policy of using email, text and fax communications on behalf of our patients for non and urgent messages. These communications will include, but not be limited to: appointment confirmations, scheduling, general questions, x-ray/patients record requests and communication with mutual health care providers. We believe this new policy will allow our staff to better serve the needs and expectations of our patients.

**Please read and sign the authorization below:**

I, the undersigned, hereby authorize Dr. Susan J. Noble to utilize email, text and fax to communicate to myself (parent/guardian or patient) or my (child's) health care providers. I understand that this might include personal health information.

Authorized Email Address: \_\_\_\_\_

Authorized Text Number: \_\_\_\_\_

Authorized Fax Number: \_\_\_\_\_

Signature of Parent/ Legal Guardian or patient: \_\_\_\_\_

Names of ALL patients for which this authorization applies:

Witness: \_\_\_\_\_

(Sign and Date)