

Curtis D. Raff, D.D.S., Inc.
1233 Taraval Street
San Francisco, CA 94116
415.564.7525
RaffDDS.com

Patient Web Site Access Agreement (to allow you to access certain patient information via the internet)

I grant my permission to Curtis D. Raff, D.D.S., A Professional Corporation to upload and store confidential patient information to a secured web server. Patients who complete this agreement will then have *selected* information published to such web site managed and protected by Ident.com. That data will be accessible by the patient ID and password chosen below. No data but the data visible via the login and password will be uploaded.

I am aware that there are inherent risks associated with the transmission of information via the Internet. Dr. Raff's office and Ident's internal network and databases are protected from unauthorized access using commercially reasonable efforts. I also understand State and Federal laws, as well as ethical and licensure requirements impose obligations with respect to patient confidentiality that limit the ability to make use of certain services or to transmit certain information to third parties. I understand Dr. Raff will represent and warrant and, at all times during the terms of this Agreement and thereafter, comply with all laws directly or indirectly applicable that may now or hereafter govern my patient information.

The information collected by email or electronic forms will be used only for the purpose for which it was provided, and Dr. Raff will not disclose it without my consent. At no time will any personal information be dispersed for use by outside parties.

I understand Curtis D. Raff, D.D.S., Inc. 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 web site with my ID and password.

The following information will be available via the Internet.

- Your account ledger for the past 6 months will be included with your data
- Future Appointments
- Treatment Planned/Presented
- Appointment reminder & confirmation through email (for future use)

Please **choose** a Username & Password of 4-8 characters (no symbols or spaces).

Username _____ Password _____ Email _____

I have read and understand the above agreement. Please print and sign your name.

Print _____ X _____ Date _____