



**WellnessPT Physical Therapy, P.C.  
Consent for Electronic Communication**

*WellnessPT Physical Therapy, P.C. ("WellnessPT") is committed to protecting the confidentiality and security of your health information. By signing this form, you agree to receive electronic communications from WellnessPT for your healthcare needs, understanding both the benefits and inherent risks associated with these methods.*

**1. Purpose of Consent**

By signing this form, you authorize WellnessPT Physical Therapy, P.C. to communicate with you electronically using email, text messages, or other electronic methods regarding your treatment, appointments, health information, billing inquiries, and other related matters.

**2. Acknowledgment of Risks**

WellnessPT takes reasonable steps to protect the confidentiality of electronic communications. However, there are risks associated with electronic communications, including but not limited to:

- Unintended access to electronic communications by unauthorized individuals.
- Risks associated with non-secure networks and potential data interception.
- Unauthorized access to health information if electronic devices are lost or compromised.

**By consenting to electronic communication, you acknowledge and accept these potential risks.**

### **3. Privacy and Confidentiality Standards**

WellnessPT complies with the **Health Insurance Portability and Accountability Act (HIPAA)**, the **Confidentiality of Medical Information Act (CMIA)**, and all relevant standards established by the **American Physical Therapy Association (APTA)**, **Physical Therapy Board of California (PTBC)**, and **California Physical Therapy Association (CPTA)** to safeguard your personal information.

Electronic communications will include only necessary health information and will be limited to details essential for treatment, payment, or healthcare operations.

### **4. Types of Information Shared via Electronic Communication**

- Appointment reminders and scheduling confirmations.
- Treatment plans, exercise instructions, and follow-up care instructions.
- Billing statements, insurance information, and payment reminders.
- Responses to your inquiries regarding treatment or care.

### **5. Security Measures and Best Practices**

WellnessPT employs security measures for all electronic communications, including encrypted emails when feasible and secure software systems for medical record access. However, despite these measures, **no electronic communication can be guaranteed fully secure.**

To minimize risks, we recommend:

- Using personal, secure devices when accessing electronic communications.
- Ensuring your email account or phone is password-protected.
- Avoiding public Wi-Fi when accessing sensitive information.

**6. Revocation of Consent**

You may revoke your consent to electronic communication at any time by notifying WellnessPT in writing. Revocation will apply only to future communications and will not affect prior communications.

**7. Patient Acknowledgment and Consent**

By signing below, you confirm that:

- You have read and understood the risks and benefits of electronic communication.
- You consent to WellnessPT’s use of electronic communication for treatment, payment, and healthcare operations.
- You understand that revoking consent will require written notice to WellnessPT.

**Patient Name:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use Only**

**Received by WellnessPT Staff**

**Date Received:** \_\_\_\_\_