



Practitioner Name: Tao of Physical Therapy, LLC

Practice Address: 5 Clusters Ct, Ste 111, Columbia, SC 29210

Consent to Receive Text and Email Messages

I, [ClientName], understand and agree to receive text and email messages from Tao of Physical Therapy, LLC for the purpose of communication regarding my healthcare. I understand that these messages will regard various aspects of my healthcare, which may include, but shall not be limited to, appointment reminders, lab results, prescriptions, and billing.

Tao of Physical Therapy, LLC respects your right to confidential communications about your protected health information (PHI) as well as your right to direct how those communications occur. Since email can be inherently insecure as a method of communication, we will only communicate with you by email with your written consent at the email address you provide to us below. Please be aware that if you have an email account through your employer, your employer may have access to your email.

When you consent to communicating with us by email you are consenting to email communications that may not be encrypted. Therefore, you are agreeing to accept the risk that your protected health information may be intercepted by persons not authorized to receive such information when you consent to communicating with us through email. Tao of Physical Therapy, LLC will not be responsible for any privacy or security breaches that may occur through email communications that you have consented to.

You may choose to limit the type of email and text communication you have with us if you wish to limit your risk of exposing your protected health information to unauthorized persons.

Please indicate below what types of correspondence you consent to receive.

- I do not consent to any email communication.
- I consent to receiving email communication about the scheduling of appointments or other communications that do not reveal my protected health information only.
- I consent to all communication by email, including but not limited to communication about my medical condition and advice from my health care providers.

E-mail address you are consenting to communicate through: _____

- I do not consent to any text communication.
- I consent to receiving text communication about the scheduling of appointments or other communications that do not reveal my protected health information only.

Mobile number for texting you are consenting to communicate through: _____

I understand that standard messaging rates may apply, depending on my mobile carrier and plan. I also understand that email and standard text messaging is not a secure form of communication, and therefore, there is a risk of unauthorized access to my personal health information.

Client Name: _____

Date: _____

Client Signature

Date