



Consent for Communication

I understand that authorized personnel from Summit Physical Therapy AZ may communicate with me regarding scheduling and educational information including newsletters as it relates to health related products or services available at Summit Physical Therapy AZ or alternative treatments, locations, or providers.

Unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by, unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication.

I consent and accept the risk in receiving information via email/text message. I understand I can withdraw my consent at any time.

My email address is: _____

I do not consent to receiving any information via email. I understand that I can change my mind and provide consent later.

Patient Printed Name: _____

Patient Signature: _____

Date: _____