

GymFIT Physical Therapy & Wellness

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Electronic Communications Consent Form

Risks of Communication by Email, Text Message, and Other Non-Secure Means:

It may become useful during the course of treatment to communicate by email, text message (e.g. "SMS") or other electronic methods of communication. Receiving receipts for services by email or text message fall into this category as well. Be informed that these methods, in their typical form, are not confidential means of communication. If you use these methods to communicate with GymFIT Physical Therapy & Wellness, there is a reasonable chance that a third party may be able to intercept these messages. Some of the potential risks you might encounter using these methods of communication include:

- People in your home or other environments who access your phone, computer, or other devices that you use might read your email or text messages.
- Loss of cellular phone, computer, or other devices.
- Email accounts can be hacked.
- Text messages and emails are stored on servers.
- Misdelivery of email to an incorrectly typed address.
- Third parties on the Internet such as server administrators who monitor Internet traffic might intercept your communication.

Please limit the use of electronic communications to issues related to scheduling. If you choose to email GymFIT Physical Therapy & Wellness, please be aware that email responses will be brief and we may call you to discuss the matter. The office will not respond to text messages that are not related to scheduling or outside of business hours.

Encrypted Messaging: You may choose to use messaging to communicate with the office through Kareo, our practice software, which offers a more secure means of communication. To do so, provide us with your preferred email. The office will email you a link to register for the Kareo patient portal and set up a login and password. You can utilize the portal to communicate with the office via encrypted messaging. While it cannot be guaranteed that this form of communication will prevent 100% of confidentiality breaches, it's designed with the intention of supporting the confidentiality of clinical communications.

Please circle the unsecured and secured methods in which you approve/disapprove to be contacted:

May contact by telephone	No	Yes	May contact by text	No	Yes
May leave voice message	No	Yes	May contact by email	No	Yes
Receive receipts by	Email	Text	Printed Receipt	No Receipt	
Receive appointment reminders via	Email	Text	Voice Message	No reminders permitted	
Participation in online patient portal for secure messaging and patient statements	No	Yes			

Approved email for communications: _____ **please write clearly*

Approved mobile number for text communication: (____) _____ - _____

Approved number for leaving voice messages: (____) _____ - _____

My signature below indicates I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Name of Client

Signature of Client (or legal guardian, if applicable)

Date