



ELECTRONIC COMMUNICATION

(Updated October 2022)

I consent to have Compass Physical Therapy LLC communicate with me via email, text (standard SMS messaging) and voicemail regarding various aspects of my medical care, which may include, but shall not be limited to, test results, prescriptions, appointments and billing.

I understand that email, Text (standard SMS messaging) and voicemails may not be confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that communication regarding my medical care via these methods might be intercepted and read by a third party.

I also understand that I may revoke any permission given above at any time to receive electronic communication, and I will notify Compass Physical Therapy LLC in writing if I choose to revoke said permissions.

If you wish to decline electronic communications, please leave blank and speak with our Patient Care Coordinator regarding your options.

Signed: _____
(Patient/Patient Representative)

Date: _____