

West Point Physical Therapy Center, Inc. Communication Preference Form

Client Name: _____

Date of Birth: _____

I understand that West Point Physical Therapy Center, Inc. will **call, text and/or email** me primarily for appointment reminders, however for all other medical and administrative information pertaining to me such as clinical documentation, therapy updates etc. I hereby grant permission to West Point Physical Therapy Center, Inc. to do the following (**check all that apply**):

Written Documentation and Verbal Information

- Written Communication - Please send all my mail to my home address on file.
- Email (unencrypted)
- Text (unencrypted)
- Phone - I elect to receive clinical information in person or via telephone through the number provided (**choose one option**).
 - OK to leave a message with detailed information.
 - Leave a message with call-back number only.

Sharing Information

- I give permission to release medical information pertaining to the client to the individuals listed below:

Individual's Name	Relationship to Client	Email Address and/or Phone Number
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- 1.
- 2.

I understand that mail, email, standard SMS messaging and leaving a voice message are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that mail, email, standard SMS messaging and leaving a voice message regarding my medical care might be intercepted and read by a third party. I fully accept this risk.

I understand that it is my responsibility to inform the practice of changes to my preferred contact information or my communication preferences, as well as, to revoke this authorization at any time.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

Important Note: We may share your information as set forth in our Notice of Privacy Practices to other persons not named on this form as needed for your care or treatment or the payment of services we have provided.