



Email / Text Message Release Form

Date: _____

I, _____
(Name of Patient or Patient's Legal Representative/Guardian)

want to communicate via email and or text message with **PT2 Physical & Sports Therapy, Inc.**
(practice name)

on matters related to my health and/or my medical treatment. I understand that any Confidential Health Information that I send to or request from the practice is not secure and is sent at my own risk. I will not hold the practice, nor any of it's workforce members, liable for loss of **ANY** confidentiality associated with information transmitted via email or text message. I also understand that it is not the policy of the practice to encrypt any Confidential Health Information I request to be sent to me via email or text message. Because this information is not encrypted, I understand that it is not secure. I acknowledge this risk and will not hold the practice or any of its workforce members liable for any loss of confidentiality associated with such transmissions.

Name: _____
(Name of Patient or Patient's Legal Representative/Guardian)

Signature: _____

Witnessed by: _____

Signature: _____
(Signature of Witness)