TEAM IOWA | PHYSICAL THERAPY

CONSENT FOR ELECTRONIC COMMUNICATION

I have read and fully understand Team Iowa Physical Therapy's Notice of Privacy Practices. I understand that Team Iowa Physical Therapy may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluation of the quality of services provided and administrative operations related to treatment or payment. I authorize the release of information via **electronic communication that includes, and is not limited to:** phone call, text message, voicemail, email, patient portal messaging, electronic health record messaging, and fax transmissions. **I understand there is some level of privacy risk associated with this form of communication**. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify Team Iowa Physical Therapy in writing. I also understand that Team Iowa Physical Therapy will consider requests for restriction on a case by case basis, but does not have to agree to requests of restriction. I hereby consent to the use and disclosure of my personal health information for purposes as noted in Team Iowa Physical Therapy Notice of Privacy Practices. I understand that I retain the right to revoke this consent by notifying Team Iowa Physical Therapy in writing at any time. For a copy of our privacy practices please visit our website https://teamiowaphysicaltherapy.com/