



Email Consent Form

1. Risk of Using E-mail

Journey Physical Therapy offers patients the opportunity to communicate by e-mail. Transmitting patient information by e-mail, however, has a number of risks that patients should consider before using e-mail.

2. Conditions For The Use of E-mail

Journey Physical Therapy will use reasonable means to protect the security and confidentiality of e-mail information sent and received. However, because of the risks associated with e-mail communication, Journey Physical Therapy cannot guarantee the security and confidentiality of e-mail communication and will not be liable for improper disclosure of confidential information that is not caused by Journey Physical Therapy's intentional misconduct. Thus, the patient must consent to the use of e-mail for patient information. Consent to the use of e-mail includes agreement with the following conditions:

- a. All e-mails to or from the patient concerning diagnosis or treatment can be printed out and made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record may have access to these e-mails.
- b. Journey Physical Therapy may forward e-mails internally to other staff as necessary for diagnosis, treatment, reimbursement, and other handling. Journey Physical Therapy will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- c. Although Journey Physical Therapy will endeavor to read and respond promptly to an e-mail from the patient, Journey Physical therapy cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Thus, the patient shall not use e-mail for medical emergencies or other time sensitive matter.
- d. The patient is responsible for informing Journey Physical Therapy of any types of information the patient does not want to be sent by e-mail.

3. Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of e-mail between Journey Physical Therapy and consent to the conditions herein. In addition, I agree to the instructions outlined herein, as well as any other instructions that Journey Physical Therapy may impose to communicate with patients by e-mail.

Printed Name: _____ Date: _____

Signature: _____