

METRO PHYSICAL THERAPY AND SPORTS REHABILITATION L.L.P

Email Consent Form

Metro Physical Therapy offers patients the opportunity to communicate by email. This form provides the guidelines regarding email communications, and documents your consent.

- Metro Physical Therapy will use reasonable technical safeguards, but cannot guarantee the privacy, security or confidentiality of any email messages sent or received.
- Metro Physical Therapy may forward emails for diagnosis, treatment, reimbursement and other business practices.
- Metro Physical Therapy will not forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- The patient is responsible for informing Metro Physical Therapy of any types of information he/she does not want to be sent by email.

I acknowledge that I have read and fully understand the information above, and give consent to Metro Physical Therapy to correspond with me via email.

Patient's Name

(Please print)

Date

Patient's Signature