

Patient Acknowledgement - Receipt of Privacy Notice

I, _____ hereby affirm that I have received a copy of the *Notice of Privacy Practices* from PATHWAYS PHYSICAL THERAPY INC. Under federal law 104-191, also known as HIPAA, I am entitled to receive a copy of the Notice from my healthcare provider.

I understand that my signature on this Acknowledgement only signifies that I have received a copy of the *Notice* and does not legally bind or obligate me in any way.

I understand that I am entitled to receive a copy of the *Notice of Privacy Practices* from my healthcare provider, whether I sign this Acknowledgement or not.

Signature: _____ **Date:** _____

Patient Engagement with Email and Text Messaging

We offer regular text messaging and email to provide helpful information, like appointment reminders. Regular text messages and emails are not secured by a technical process called encryption, so there may be some level of risk. The information could be read by someone besides you.

Please let us know if you would like us to communicate with you by text or email by providing us with the following information.

EMAIL:

YES: _____ Please communicate with me by EMAIL.

My email address is: _____

Please contact our office if your email changes.

NO: _____ Please DO NOT communicate with me by regular (unencrypted) email.

TEXT:

YES: _____ Please communicate with me by TEXT.

My cell phone number is: _____

Please contact our office if your cell phone number changes.

NO: _____ Please DO NOT communicate with me by regular (unencrypted) text.

Signature: _____ **Date:** _____