



Austin Manual Therapy

A S S O C I A T E S

Physical therapy that's far from ordinary yet close to home.

Authorization and Consent for Transmission of PHI and ePHI Via Unsecured Communication Channels

Name: _____ Date of Birth: _____

I expressly request, authorize, direct, permit and unequivocally consent to **Austin Manual Therapy Associates** to transmit my *Protected Health Information (PHI)* and *Electronic Protected Health Information (ePHI)* to me via unsecured text message/Internet/email.

I expressly and unequivocally acknowledge that **Austin Manual Therapy Associates** does not have the capability to send text messages/emails in an encrypted or secured format.

I expressly and unequivocally waive any claims or rights with respect to transmission of ePHI or PHI via unsecured text messages/email.

I fully understand that third parties may attempt to or actually access, use and disclose PHI or ePHI transmitted by **Austin Manual Therapy Associates** to my mobile phone via text message/email or computer via email.

I fully understand the risks of transmitting unencrypted text messages/email containing ePHI, I am willing to accept those risks.

I knowingly, intentionally and voluntarily waive all rights, claims and damages relating to the negligence, breach of confidentiality or other tort and all other legal claims that could be asserted against **Austin Manual Therapy Associates** or any of its employees, agents, members or otherwise as a result of any third person improperly accessing, using or disclosing my PHI or ePHI as a result of transmission via unsecured text messaging, Internet or email. I intend to be legally bound hereby.

Phone Number

Email Address

I acknowledge that I have read, understood, and agree to the terms in authorizing consent to transmit my Protected Health Information and Electronic Protected Health Information over unsecured Text Messages or Email Messages.

Patient/Legal Representative Signature

Date

Relationship to Patient

Patient Name