

Acknowledgement of HIPPA Privacy Practices

“I hereby acknowledge that I have read **Body Balance Therapies Notice of Privacy Practices**. I understand that a copy of this is available to me upon request. I understand that if I have questions or complaints regarding my privacy rights that I may contact the persons listed below. I further understand that **Body Balance Therapies** will offer me updates to this Notice of Privacy Practices should it be amended, modified or changed in any way.”

Name (please print) Patient or Representative

Patient or Representative Signature Date

Contact Person:
Emily Guedes PT, DPT (203) 828-8676

Privacy / Information Exchange

Email and Text Authorization

Body Balance Therapies may relay information, confirm appointments and from time to time send information on specials and/or events to you using email or text. Due to “HIPPA NOTICE OF PRIVACY ACTS” and the “TELEPHONE CONSUMER PROTECTION ACT,” we need your permission to communicate with you electronically. Please note, although every effort is made to ensure patient privacy, **Body Balance Therapies** cannot assure confidentiality of information sent electronically. **Body Balance Therapies** cannot be held liable for security risks.

By signing this form, I authorize practitioners and staff of **Body Balance Therapies** to email and/or send text messages to my cell phone to discuss my care, confirm appointments and occasionally send updates on specials or events. I understand that standard text messaging, data and phone rates may apply to any text messages received by **Body Balance Therapies** and that **Body Balance Therapies** is not responsible for payment of those fees. I understand that I have the right to opt out of email and/or text communication at any time by simply replying “opt out”

Patient Name: _____ Patient DOB: /_____/_____

Patient Signature: _____ Date: _____

Patient Email: _____

Patient Cell Phone Number: _____