

Signature

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## **Communication by Email and Text:**

I understand that using email has confidentiality risks and that Thrive PT does not use encrypted software. I agree to not use a third party or work email to communicate with Thrive Physical Therapy. I understand that this is not the main way to communicate and should not be used for medical emergencies. Thrive PT make every effort to read and return your email but there is no guarantee that I will respond via email. Initial/sign Please check all that apply to your preferences: **Reminders:** I agree to receive text messages to this mobile phone number (\_\_) \_\_- reminding me about my upcoming appointments with Thrive Physical Therapy. I understand that SMS reminders are optional and that message & data rates may apply. Please email reminders of upcoming appointments to: I do not wish to receive reminders via text or email. **Exercise Programs:** ☐ I agree to receive home exercises programs via ☐email or ☐text (see above) from no-reply@medbridgeed.com or thrivept.medbridgego.com I do not wish to receive home exercises via email or text. Although Thrive Physical Therapy will make every effort to send out reminders the day prior to your appointment, I understand sometimes they will be missed and I am still responsible for knowing when my appointment date and time.

**Print Name** 

Date