



PARAGON Physical Therapy, PC

50 N Industry Ct, Deer Park, NY 11729

(P) 631-242-9200 (F) 631-242-9200

COMMUNICATION WAIVER

I, _____ hereby authorize Cheryl Christie MS PT AT,C d/b/a PARAGON Physical Therapy, PC and its employees to communicate via text messaging and e-mail with me regarding my treatment.

I hereby waive any of my rights under the Health Insurance Portability and Accounting Act of 1996, better known by its abbreviation, HIPAA in connection with any text messages and/or e-mails from PARAGON Physical Therapy, PC and its employees. This waiver is not intended as a waiver of any of my other HIPPA rights (unless so stated in another document).

This waiver shall be in force and effect until such time that I give notification requesting the termination of this waiver.

I understand that I have the right to revoke this waiver in writing at any time by sending such written notification to the attention of Cheryl Christie MS PT AT,C at 50 N Industry Ct, Deer Park, NY 11729.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

THIS AUTHORIZATION IS BEING REQUESTED BASED ON THE NEW FEDERAL REGULATIONS THAT BECAME EFFECTIVE OCTOBER 2003 FOR ALL HEALTH CARE PROVIDERS.