FIT Physical Therapy & Dance Medicine PLLC
122 Spring St Unit D4
Southington CT 06489
860-690-9796
Stephanie L Foresi MSPT. LISC# 005853

CONSENT AND WAIVER FOR NON-SECURE ELECTRONIC COMMUNICATIONS

Patient Name: _____

Date of Birth: _____ Phone: _____

1. RISK ACKNOWLEDGEMENT

Standard text messaging (SMS) and unencrypted personal email are **not secure** methods of communication. Under federal privacy rules and Connecticut state law, healthcare data transmitted via these channels is at risk of being intercepted, misdirected, or viewed by unauthorized third parties.

2. PATIENT PREFERENCE

Despite these risks, I explicitly request and authorize **FIT Physical Therapy & Dance Medicine PLLC** to communicate with me and transmit elements of my clinical information via the following unencrypted methods *(Check all that apply)*:

- **Standard Text Messaging (SMS)** to phone number: _____
- **Unencrypted Email** to email address: _____

3. SCOPE OF COMMUNICATIONS

I understand this consent applies to scheduling, billing notifications, clinical exercise plan updates, and coordination notes shared between my physical therapist and external providers at my request.

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4. REVOCATION & LIABILITY WAIVER

I understand that I can revoke this permission in writing at any time. By signing below, I acknowledge the privacy risks and release **Stephanie Foresi and FIT Physical Therapy & Dance Medicine PLLC** from liability under federal and Connecticut privacy laws for any unauthorized interception of data resulting from my choice to use these non-secure channels.

Patient/Representative Signature: _____ Date: _____

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CONNECTICUT COMPLIANT NOTICE OF PRIVACY PRACTICES (NPP)

I. OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

At **FIT Physical Therapy & Dance Medicine PLLC** we operate as a private-pay, concierge physical therapy practice. We are committed to protecting your Protected Health Information (PHI). We maintain physical, technical, and administrative safeguards in alignment with the **Connecticut Information Security Program** to prevent unauthorized access to your identity and medical records.

II. HOW WE MAY USE AND DISCLOSE YOUR PHI

Because we do not bill insurance, your data is strictly handled for the following core administrative functions:

1. **Treatment:** We disclose information to your primary care physician, orthopedic surgeon, or other specialists to safely coordinate your physical therapy plan of care if requested.
2. **Healthcare Operations:** We use your records internally to review our treatment protocols, train staff, and manage our mobile or clinic-based concierge operations.
3. **Law Enforcement & Public Safety:** We will disclose records when required by federal law, Connecticut state mandates, or valid court subpoenas.

III. YOUR DISCLOSURE RIGHTS UNDER CONNECTICUT LAW

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- **Right to Access and Copy:** Under Connecticut health statutes, you have a legal right to inspect and obtain copies of your physical therapy evaluations, daily notes, and billing history. We will fulfill these requests within 30 days.
- **Right to Amend:** If you believe clinical information in your chart is inaccurate, you may submit a written request to amend the record.
- **Right to Restrict:** As a cash-paying patient, you have an absolute right to restrict disclosures of your PHI to health insurance plans or third-party payers, since you are funding your care entirely out-of-pocket.
- **Breach Notification:** In accordance with Connecticut data protection laws, we will notify you and the state Attorney General immediately if an unauthorized breach of your unencrypted personal health information or identity data ever occurs.

IV. CONTACT & COMPLAINTS

To exercise any of your privacy rights or to file a formal complaint regarding how your files are managed, please contact our Privacy Officer directly at **860-690-9796 or email at foresifitness@gmail.com** You may also file a complaint with the U.S. Department of Health and Human Services if you believe your rights have been violated.
