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 Minor

Patient Name: _____

Date of Birth: _____ Age: _____

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. COMMUNICATIONS PREFERENCE

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

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

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3. SCOPE OF COMMUNICATIONS

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

4. MINOR PATIENT PROVISION & LIABILITY WAIVER

By signing below, I certify that I am the patient, or the legally authorized parent/guardian of the minor patient listed above. I acknowledge the privacy risks and release **Stephanie Foresi MSPT 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.

By signing below, I acknowledge receipt/authorization of this document. If the patient is a minor under Connecticut law, I certify that I am the legally authorized parent or guardian and possess the legal authority to sign on their behalf.

Signature of Patient (if 18+) or Parent/Legal Guardian:
_____
Date: _____

Printed Name of Signatory:
_____

Relationship to Patient: [ ] Self [ ] Parent [ ] Court-Appointed Legal Guardian