

Consent for Communication via Electronic Mail

I give my consent for Theracare Outpatient Therapy Services (TOTS) business office staff to communicate with me via email in regard to my child's account and insurance coverage.

By providing this email address the providers and staff at TOTS will assume that they are communicating ONLY with the legal parent or legal guardian of the patient named on the consent form. Once the information to be communicated is sent to the provided email address, the legal parent/legal guardian of the patient will be responsible for maintaining the security of the information. The legal parent/legal guardian must recognize that the information transmitted cannot be considered secure and that there is some risk to the patient that their personal protected health information may be accessed by others.

Email questions regarding billing and financial questions will be answered within 48 hours.

All questions regarding care and health of your child should be directed to the Director of Outpatient Therapy Services.

Communication via email is intended for insurance, billing matters, and scheduling only.

TOTS does not provide any medical advice or treatment via email.

_____ Patient Name (Print)	_____ Date
_____ Signature	_____ Date
_____ Printed Name of Patient or Guardian (if under 18)	_____ Date
_____ Signature of Parent or Guardian (if under 18)	_____ Date