



## Consent to Contact

### **THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED.**

There are several situations where we may use or disclose to other persons or entities your confidential medical information. Your confidential medical information is defined under federal law as "protected health information" ("PHI") or, when maintained on our computer system, "electronic protected health information" ("ePHI"). PHI and ePHI include information related to your past, present, or future health condition, the health care provided to you, or the past, present, or future payment for your health care, and includes identifiers that do or could be used to identify you. This Notice of Privacy Practices ("Notice") applies to all PHI and ePHI that we have created or received.

**Appointment Reminders and Other Messages:** We may, from time to time, use or disclose your PHI to contact you to provide appointment reminders, inform you of a cancellation, in an emergency or for career opportunities. To do so, we may contact you electronically from the information you provided us.

**Treatment Alternatives; Health-Related Benefits and Services:** We may use your PHI to tell you about a health-related product or service that we provide. For example, we may communicate with you about a product or service related to a treatment you are receiving; to coordinate your care and treatment; or to recommend alternative treatment, health care providers, or alternate settings where you can receive health care. **This communication aims to support your health journey by offering personalized and relevant health care options.** If we receive any financial remuneration from a third party for these communications, your written authorization is required.

I understand that providing a phone number and/or email address is not a condition of receiving medical services. I also understand that I may revoke my consent to contact at any time by directly contacting the Provider or utilizing the opt-out method that will be identified in the applicable communication.



**By reading this form and providing PT Solutions your email address and contact information, you are opting in to our "Consent to Contact".**

For more information, please review our Privacy Policy: <https://ptsolutions.com/privacy-policy/>For more information please review our Privacy Policy: <https://ptsolutions.com/privacy-policy/>  
California Consumer Privacy Act: <https://oag.ca.gov/privacy/ccpa>California Consumer Privacy Act: <https://oag.ca.gov/privacy/ccpa>

**We encourage you to contact us if you have any questions or need further clarification about this consent form or the protection of your personal information: [compliance@ptsolutions.com](mailto:compliance@ptsolutions.com)**