

PATIENT EMAIL REGISTRATION FORM



Due to the changing world of healthcare and technology, **Simons Physical Therapy** now has the ability to provide our patients with certain types of billing information or patient information via e-mail. If you wish to have the opportunity to receive information of this type, please complete the form below.

Simons Physical Therapy believes strongly in protecting the privacy of our patients. When you provide this information to us, it is only used as a way to communicate with you. **Simons Physical Therapy** does not share names or email addresses of patients with any other company, or with any patient.

We will be emailing you billing information if consent is given. **Paper bills will NOT be sent, should you opt for using email communication.**

Please print all information neatly and legibly.

Name: _____

E-mail address: _____

Date: _____

Yes, please sign me up to receive e-mail information.

No, I do not wish to receive e-mails.

Signature: _____

I hereby give Simons Physical Therapy and their Billing Office permission to send me messages via e-mail as a means of communication as indicated by my selection above.