



PATIENT CARE EMAIL / TEXT MESSAGING CONSENT FORM

DECLARATION

I, _____ consent to IPA Physio contacting me via email and text message for the purposes of appointment reminders, payment receipts, and additional IPA Physio updates. I acknowledge that appointment reminders via email/text are an additional service and that the responsibility of attending appointments or canceling them still rests with me.

I understand that I can modify or cancel this email/text message communication agreement at any time. I understand that they are transmitted over a public network onto a personal telephone or email and as such may not be secure. However, IPA Physio will not transmit any information, which would enable an individual patient to be identified. I agree to inform IPA Physio if my mobile number/email changes, if I wish to cancel this service, or if my phone is no longer in my possession.

The practice does not share mobile phone or email information with any external organization. Standard text message rates apply.

My signature below indicates my consent to the above agreement.

Mobile Telephone Number: _____ Carrier: _____

Email Address: _____

Signature: _____ Date: _____