



## PATIENT CARE TEXT MESSAGING CONSENT FORM

### DECLARATION

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

I understand that I can cancel the text message communication 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 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 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: \_\_\_\_\_