



Patient Care Text Messaging Consent Form

DECLARATION

I, _____ consent to IPA Physio contacting me via text message for the purposes of appointment reminders, payment receipts, and additional IPA Physio updates. I acknowledge that appointment reminders via 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 text message communication agreement at any time. I understand that they are transmitted over a public network onto a personal telephone 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.

Privacy Policy

IPA Physio is a medical company, and therefore is bound by HIPAA policies. If you have any questions on your HIPAA rights, please refer to this webpage [Your HIPAA Rights](#). As we are bound by HIPAA standards, we will never collect and sell your personal information. Phone numbers and SMS consent will never be shared with third parties or affiliates under any circumstances. We utilize text messaging to communicate with active patients primarily regarding scheduling of appointments. Every patient we communicate with has signed this text messaging release form which provides us the release to communicate with that individual via SMS texting from our company phones.

SMS Terms & Conditions

We utilize texting to communicate with active patients primarily regarding scheduling of appointments. SMS data and message rates may apply based on your mobile provider. Messaging frequency will vary depending on the needs of the patient to communicate with us. By signing below, you consent to receive SMS from IPA Physio. You can opt-out at any time by texting "STOP". For assistance, text "HELP" or visit our [Privacy Policy](#) or [SMS Terms & Conditions](#).

By checking this box and signing below, I consent to the above agreement to receive SMS from IPA Physio. Reply STOP to opt-out; Reply HELP; Message and data rates apply; Messaging frequency may vary

Mobile Telephone Number: _____ Carrier: _____

Email Address: _____

Signature: _____ Date: _____