

Riverside Physical Therapy
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Conway, NH 03818
207-223-3465 Fax 207.203.6233
www.riversideptnh.com



Privacy Consent for Methods of Communication

Patients/Clients frequently request that we communicate with them by phone, voicemail, email or text. Riverside Physical Therapy LLC respects your right to confidential communications about your protected health information (PHI) as well as your right to direct how those communications occur. Since email and texting can be inherently insecure as a method of communication, we will only communicate with you by email or text with your written consent at the email address or phone number you provide to us below. Please be aware that if you have an email account through your employer, your employer may have access to your email.

When you consent to communicating with us by email or text you are agreeing to accept the risk that your protected health information may be intercepted by persons not authorized to receive such information when you consent to communicating with us through phone, voicemail, email or text. Riverside Physical Therapy LLC will not be responsible for any privacy or security breaches that may occur through voicemail, email or text communications that you have consented to. Please indicate below what types of correspondence you consent to receive by email or text.

SMS opt-in Agreement Form

Patient name: _____

Patient phone number: _____

Patient Email: _____

With your consent, Riverside Physical Therapy LLC would like to send you text messages regarding appointment reminders to the mobile phone number you have provided. Texts will be sent from Riverside Physical Therapy LLC's phone number - 207-223-3465. Message frequency with you may vary pending communication needs. Message and data rates may apply. Consent to message is not a condition of purchasing or payment of services provided by Riverside Physical Therapy LLC.

☐ I do not consent to any voicemail, email or texting communication.

☐ I consent to receiving communication about the scheduling of appointments or other communications that do not reveal my protected health information only by the following means (check all that you consent to):

- ☐ Email
- ☐ Text
- ☐ Voicemail