

"We look forward to the opportunity to serve you."



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Release to send text and/or email appointment reminders:

By signing below I confirm and authorize Southern Physical Therapy Clinic, Inc. to provide text message and/or email reminders to provided cell phone number and/or email address. I understand that there will be personal appointment information that is protected under HIPPA law. I understand the HIPPA law and accept responsibility for these reminders.

Patient Initials

Date

Confirm receiving copy of non-discrimination policy:

By signing below I confirm that I have received a written copy of Southern Physical Therapy Clinic's Non-Discrimination Policy. I have read and completely understand the policy and have been given opportunity to clarify any misunderstanding.

Patient Initials

Date