

Consent to Email, and/or Text

As a client, you may choose to provide your consent to be contacted via email, and/or text messaging to be reminded of appointments, to obtain feedback, and to provide general information, reminders, or resources.

This form provides information about the risks of these forms of communications, guidelines for email/text communication, and how this communication will be used. This form will also serve as documentation of your consent to communicate with you via phone, email, and/or text.

Risks of using Email or Text

The transmission of client information by email, phone and/or texting has a number of risks that clients should consider prior to the use of email, phone and/or texting. These include, but are not limited to, the following risks:

- Emails, phone calls/voicemails, and text messages can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- Employers and on-line services have a right to inspect emails sent through their company systems.
- Emails, phone calls, voicemails, and texts can be intercepted, altered, forwarded or used without authorization or detection.
- Emails, voicemails, and texts can be used as evidence in court.
- Emails, phone calls, voicemails, and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party

Conditions for the use of email and texts:

The provider cannot guarantee but will use reasonable means to maintain the security and confidentiality of email, phone, voicemail, and text information sent and received. The provider is not liable for improper disclosure of confidential information that is not caused by the provider's intentional misconduct. Your provider uses a HIPAA compliant email address and phone number. Additionally, you may chose to communicate with your provider using the secure messaging system located within the electron records management system your provider utilizes for telehealth clients. If you have not been registered, please speak with your provider.

Clients must acknowledge and consent to the following conditions:

- The provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time. In general, please allow two business days for a response from your provider. The provider will respond to text messages, voicemails, and emails Monday-

Thursday during the hours of 10AM-6PM, unless otherwise specified. Voicemails, text messages, and emails will not be answered outside of these hours or on the weekends/holidays.

- Email and texting is not appropriate for urgent or emergency situations. If you experience a mental health emergency, please go to your nearest emergency room and/or call 911. You may also call the Suicide Hotline at 1800-273-8255 or text HOME to 741741 to speak with a crisis counselor.
- Email and texts should be concise. The client should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- Email communication may usually be printed and filed into the client's medical record. Texts may be printed and filed as well.
- Clients should **not** use email or texts for communication of sensitive medical information.
- The provider is not liable for breaches of confidentiality caused by the client or any third party.
- It is the client's responsibility to follow up and/or schedule an appointment if warranted.

Client Acknowledgement & Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of cell phones, email and/or texts between my provider and me, and consent to the conditions and instructions outlined, as well as any other instructions that my provider may impose to communicate with me by email or text. By signing this form, I authorize the provider to send text messages to my cell phone regarding scheduling and treatment. I understand that standard text messaging rates will apply to any messages receive. I also understand that I or the provider may revoke this permission in writing at any time. I agree not to hold the provider liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number and or cell provider changes I will inform my provider.

I accept and DO want to receive (please check all that apply)

text messages emails

I decline and DO NOT want to receive (please check all that apply)

text messages emails

Client Printed Name: _____

Client signature: _____ Date: _____

Provider Printed Name: _____

Provider signature: _____ Date: _____