

TEXT MESSAGE CONSENT FORM

NAME: \_\_\_\_\_ (PFM CHART NUMBER: \_\_\_\_\_)

DATE OF BIRTH: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

**RISKS OF USING TEXT MESSAGING:** Transmitting patient information by text messaging has a number of risks to be considered before making a final decision regarding its use. These include but are not limited to:

- a. Text messages can be circulated, forwarded or stored in electronic files.
- b. Text messages can be immediately broadcast worldwide and received by many intended and unintended recipients.
- c. Senders can easily misaddress a text message.
- d. Text messaging is easier to falsify than handwritten or signed documents.
- e. Backup copies may exist even after sender and/or recipient have deleted their copies.
- f. Text messages can be intercepted, altered, forwarded or used without detection or authorization.
- g. Text messages can be used as evidence in court.
- h. Text messages can be lost in transmission.

**I. CONDITIONS FOR THE USE OF TEXT MESSAGING:** We will use reasonable means to protect the security and confidentiality of information sent and received via text messaging, however, due to the risks outlined above, we cannot guarantee the security and confidentiality of text messaging communication and will not be liable for improper disclosure that is not caused by our own intentional misconduct. All patients wanting to utilize text messaging as a form of communication must provide written consent, which includes agreement with the following conditions:

- a. All text messages to or from a patient can be printed out and become a part of the file in the same way that therapy notes become part of the file.
- b. Although our staff will endeavor to read and respond promptly to a text message, we cannot guarantee that any particular text message will be read and responded to within a particular period of time. In the case of emergencies—please call 911.
- c. If the patient's text message requires or invites a response from us and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the intended recipient received the text message and when a response might be expected.
- d. The patient should not use text messaging for communications regarding extra sensitive materials including physical health issues, mental health diagnoses, and/or substance abuse.
- e. The patient is responsible for delegating their desire in writing of any information the patient does not want sent via text message.
- f. The patient is responsible for protecting his/her password or other means of access. We are not liable for breaches of confidentiality caused by the patient or other third party.

**II. INSTRUCTIONS FOR COMMUNICATING VIA TEXT MESSAGING:**

- a. Inform us in writing of changes to the phone number used for text messaging.
- b. Provide the patient's name and purpose of the text message in the subject line.
- c. Withdraw consent to utilize text messaging only by written communication.

**III. PATIENT ACKNOWLEDGMENT AND AGREEMENT:** I acknowledge that I have read and fully understand this consent form. I understand the risks mentioned above, and consent to the conditions and instructions outlined on this form. I further waive any and all claims that may arise against Papillion Family Medicine, LLC, and its employees, resulting from the use of text messaging.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_