



Client Email and Texting Informed Consent

Client Name: _____

The purpose of this consent is to review the option of receiving program information and any confidential protected health information (PHI) by email or text. Please review the following and ask any questions related to these two topics before consenting with your signature below.

1. Risk of using email/texting The transmission of program information and/or your PHI by email and/or texting has a number of risks that you should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

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

2. Conditions for the use of email and texts Providers cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. Providers are not liable for improper disclosure of confidential information that is not caused by Provider's intentional misconduct. Clients/parent's/legal Guardians must acknowledge and consent to the following conditions:

- a. Email and texting is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
- b. Email and texts should be brief/concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
- c. All email may be printed and filed into the client's medical record. Texts may be printed and filed as well. This makes any information within the text or email a part of the client chart and will be discoverable upon audit, record request, subpoena, and/or court order.



d. Provider will not forward client's/parent's/legal guardian's identifiable emails and/or texts outside of Brighter Hope Wellness Center providers without the client's/parent's/legal guardian's written consent, except as authorized by law.

e. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.

f. Provider is not liable for breaches of confidentiality caused by the client or any third party.

g. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and/or texts between the Provider and me, and consent to the conditions and instructions outlined above, as well as any other instructions that the Provider may impose to communicate with client by email or text (any specific instructions will be documented within the progress notes of your chart). Based on my understanding of the risks, I consent to the following (check all that apply):

Email communications

Text communications

I do not wish to communicate via email or text

This consent will remain active until the time of discharge from program services or at the time the consent is revoked (whichever is earlier).

My signature below means that I understand and agree with all of the points above and on the previous page.

Signature of client/parent/guardian

Date

I, the clinician, have discussed the issues above with the client. My observations of this client's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Signature of clinician

Date

Consent revoked on:

(see progress note dated: _____)