



Be the author of your story...

Emergent Pathways Psychotherapy

www.emergepsych.com | 346.232.5060

Consent Form: Text Message Confidentiality and HIPPA Notice

Effectively immediately, our new office number is **346.232.5060** and is to be used as your only form of telephone contact. You will continue to be able to contact us for appointments and patient requests. For additional questions please visit us online at www.emergepsych.com. This form will provide information about the risks of these forms of communication, guidelines for text communication, and how we use text communication. It also will be used to document your consent for communication with you by text message.

1. **How we will use text messaging:** We use these methods to communicate only about non-sensitive and non-urgent issues. All communications sent to or from you will be made a part of your medical record. *We will not disclose your text messages to researchers or others unless allowed by state or federal law.* Please refer to our Notice of Privacy Practices for information as to permitted uses of your health information and your rights regarding privacy matters.

2. **Risk of using text messages:** The use of text message has a number of risks that you should consider. These risks include, but are not limited to, the following:
 - a. Texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
 - b. Senders can easily misaddress a text and send the information to an undesired recipient.
 - c. Backup copies of 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 texts sent through their company systems.
 - e. Texts can be intercepted, altered, forwarded or used without authorization or detection.
 - f. Texts can be used as evidence in court.
 - g. Text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.
 - h. Text messaging does not convey a person's tone of voice and therefore can often result in misunderstandings between the sender and the recipient.

3. **Conditions for the use of text messages:** EPP cannot guarantee but will use reasonable means to maintain security and confidentiality of text information sent and received. You must acknowledge and consent to the following conditions:
- a. **IN A MEDICAL EMERGENCY, DO NOT USE TEXT, CALL 911.** Do not text for urgent problems. If you have an urgent problem during regular business hours, please call our office at 346.232.5060. Urgent messages or needs should be relayed to us by using regular telephone communication and may include text messages.
 - b. Texts should not be time-sensitive. While we try to respond to text messages daily, we cannot guarantee that any particular text will be read and responded to within any particular period of time. If you have not heard back from us within three days, call our office to follow up.
 - c. You should speak with our staff to discuss complex and/or sensitive situations rather than send text messages regarding such situations.
 - d. Text messages may be filed electronically into your medical record.
 - e. EPP will not forward your identifiable texts to outside parties without your written consent, except as authorized by law.
 - f. You should use your best judgment when considering the use of text messages for communication of sensitive medical information. EPP is not responsible for the content of messages.
 - g. EPP is not liable for breaches of confidentiality caused by you or any third party.
 - h. It is your responsibility to follow up with EPP if warranted.
4. **Withdrawal of consent:** I understand that I may revoke this consent at any time by so advising EPP in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.
5. **Client Acknowledgement and Agreement:** I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of text messaging as a form of communication between EPP and me, and consent to the conditions and instructions outlined, as well as any other instructions that EPP may impose to communicate with me by text message. By signing this form, I acknowledge that any text conversations that exceed 15 minutes will be billed automatically to me.

Patient Name (Print): _____

Patient Signature: _____ Date: _____