

**District Health Department #10  
TEXT MESSAGING CONSENT FORM**

Sending information by text messaging has a number of risks that should be considered. These include, but are not limited to, the following risks:

- Text messages are not encrypted (coded). Unencrypted text messages provide as much privacy as a postcard. You should not communicate any information with District Health Department #10 that you would not want to be included on a postcard that is sent through the Post Office.
- If anyone besides you gains access to your cell phone, they may be able to read information contained in the text messages that you have sent to District Health Department #10.
- Back-up copies of text messages may exist even after the sender or the recipient has deleted his or her copy.
- You may be charged for the text messages you send and receive if your cell phone contract does not cover text messaging or is limited in its number.

**TEXT MESSAGING GUIDELINES:**

- Text messaging is not appropriate for emergency situations.
- District Health Department #10 will only send text messages about appointments including reminder alerts and confirmation/cancellation.
- **DO NOT** send any personal information to District Health Department #10 via text messaging. Examples include your name, date of birth, address, health related questions, test results, etc.
- It is the policy of District Health Department #10 that your text messages and any other responses to them become part of your medical record.
- You are responsible for protecting your cell phone. District Health Department #10 is not responsible for any breaks of confidentiality caused by you or any third party.
- You are responsible to inform District Health Department #10 if your phone number changes or you no longer want to receive text messages.

**CLIENT ACKNOWLEDGEMENT AND AGREEMENT**

**I acknowledge that I have read and fully understand the information District Health Department #10 has provided me regarding the risks of using text messaging. I consent to the conditions outlined above, and understand that District Health Department #10 may impose other conditions regarding text message use in the future.**

**I CONSENT TO CONTACT BY TEXT MESSAGING**

**I DO NOT CONSENT TO CONTACT BY TEXT MESSAGING**

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Printed Name of Client

Date

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Signature of Client

Date

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Cell Phone Number

Cell Service Carrier

