# Request and Consent to Text Message and/or Email Communications

**Text messages and email systems are not a secure means of communication and do not meet HIPAA confidentiality standards.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have requested, and consent to text messages and/or email communications with \_\_\_\_\_\_\_\_\_\_\_\_ staff for the purpose of obtaining the assistance I requested.

I understand that text message and email are not a secure means of communication and does not meet Health Insurance Portability and Accountability Act (HIPAA) confidentiality standards;

I understand that it is possible for my personal information to be intercepted or unintentionally shared when using text message or email communications—if this happens, things like my private health condition(s) could be unintentionally shared;

I have requested that my personal information, to the extent required for accessing the requested service, be shared via text message and/or email;

I understand the privacy risks of text messages and email communications, and have requested that staff text message and/or email my personal information for the sake of service coordination with the programs indicated above despite these risks;

I understand that my request and consent to text message and/or email communications with each of the above programs will expire one year from the date of my signature below, unless I revoke consent prior to one year expiration.

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Client Print Sign Date

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Staff Print Sign Date