

## **Email and Text Message Communication Consent Form**

### ***Email and Text Communication***

By signing, I allow NYFS staff to communicate with me about my health using electronic mail (e-mail) and/or text message (SMS) communication.

### ***Important Points:***

- E-mail and text messages are not private or “secure”.
- E-mail and text messages can be altered or “forged”.
- E-mail and text messages can be forwarded without your permission (either on purpose or by mistake). If forwarded, the information may no longer be protected by HIPAA privacy rules.
- Backup copies of e-mail or text messages may exist even after it has been deleted.
- E-mail and text messages may not be seen or answered right away. *Please call for urgent issues.*
- ***A copy of all e-mail and text communication is added as a part of the medical record. E-mail and text messages can be used in court cases whether or not the information relates to your diagnosis and treatment.***

### ***Text Message Reminder Request:***

- I request that NYFS send text messages to a mobile device of my choosing to remind me of the date and time of my scheduled appointments. I understand my wireless carrier may charge me for such messages.
- I understand NYFS does not receive text message replies to reminder texts, and I will not receive a reply from NYFS if I try to respond to a reminder text. NYFS provides this text reminder service as a convenience to its clients.
- I understand I will need to complete a new Email and Text Message Communication Consent Form if I would like to be contacted at a different number or email address.
- I would like my text message reminders to be sent: **(please check one)**
  - TWO DAYS IN ADVANCE
  - ONE DAY IN ADVANCE
  - SAME DAY (You will receive the text message approximately 4 hours prior to your appointment)

I understand that NYFS still requires at least 24 hours’ notice for cancelation of therapy and psychiatry appointments.

### ***Additional Legal Information***

- You may withdraw or cancel this authorization at any time by sending **written** notification to the Northeast Youth and Family Services business address listed below. Your withdrawal will not apply e-mails or text messages sent before the written notice is received.

- A personal representative (for example: a legal guardian or parent) may sign this authorization after NYFS receives documentation of the personal representative's authority to act for the client.

*I (we) understand the information stated above and understand that e-mail and text messages are not a secure means of communication. I understand that the provider may decline to communicate via e-mail or text message depending on the nature of the medical information. I give permission for NYFS to use electronic mail (e-mail) and text message as a means of communication regarding my care. I understand that I may withdraw this authorization at any time by notifying NYFS in writing.*

Client Email Address(es): \_\_\_\_\_

Client Cell Number(s): \_\_\_\_\_

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Representative Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Relationship of Representative