



## Client Text Message Informed Consent

You may give permission to Family Dermatology of North Florida staff to communicate with you by text message (also known as SMS). This form provides information about the risks of this form 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 this method to communicate only about non-sensitive and non-urgent issues. All communications to or from you may be made a part of your medical record. Your text messages may be forwarded to another FDNF staff member as necessary for appropriate handling. 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 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.
3. **Conditions for the use of text messages:** FDNF 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. Urgent messages or needs should be relayed to us by using regular telephone communications.

- 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.
  - 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. Clinical staff 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. Clinical staff are not responsible for the content of messages.
  - g. FDNF is not liable for breaches of confidentiality caused by you or any third party.
  - h. It is your responsibility to follow up with our staff is warranted.
4. **Withdraw of consent:** I understand that I may revoke this consent at any time by advising FDNF 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 FDNF staff and me, and consent to the conditions and instructions outlined, as well as any other instructions that FDNF may impose to communicate with me by text message.

**I do not consent to receive text messages from Family Dermatology of North Florida.**

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Signature of Authorized person

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Date