

# Participant Consent Form for Text Communication



Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mobile Number (print **VERY** clearly): \_\_\_\_\_

You have requested to use unencrypted text messaging to communicate with UPCAP staff. You must first be informed that there is **no guarantee of privacy** when sending information via unencrypted text messages. Should you decide not to sign this form, you will not be able to communicate with UPCAP staff using text messaging, but your services will not be affected.

Text messages are electronic communications sent over a cellular network (SMS and MMS) or over an internet connection (messaging applications) using a mobile device or computer system. A text message can transit photos, videos and written word formats of communication.

Here are some risks associated with text to consider before signing this consent form:

- Texts can be copied, circulated, forwarded, and stored in electronic files;
- Texts can be accidentally or intentionally broadcast worldwide and received by many unintended recipients;
- It is easy to falsify the content and/or message of a text;
- Backup copies of texts may exist even after the recipient(s) has deleted their own copy;
- Organizations and online services usually have the right to archive and inspect texts transmitted through their system and equipment;
- Passwords providing access to messaging applications can be stolen, and host systems can be compromised (hacked) leading to unauthorized disclosure of personal information;
- Texts can be intercepted, altered, forwarded, or used without written authorization or detection;
- Texts may not be answered in the time frame expected by the sender.

## **Purpose and Intent**

Texting with UPCAP staff is offered as an additional means of communication. It is not intended to substitute for face-to-face meetings or assessments. UPCAP staff is only allowed to text with participants, never another provider on a participant's behalf.

UPCAP is committed to protecting the privacy of your protected health information (PHI) as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As such, UPCAP will use reasonable means to protect PHI sent and received through unencrypted texts. Due to the risks as outlined above, UPCAP cannot guarantee the security and confidentiality of text communication, and will not be liable for improper disclosure of confidential information.

UPCAP staff is only allowed to text with participants, never another provider on a participant's behalf.

**In order to begin text communications with UPCAP staff, you must agree to and acknowledge the following:**

- I agree that I am an established participant in an UPCAP program.
- I acknowledge that I have read and understand UPCAP's HIPAA Notice of Privacy Practices.
- I understand UPCAP staff will be using their personal mobile devices to communicate.
- I understand UPCAP staff will read and respond to text communications as promptly as possible, and I will not use texts for medical emergencies or other time-sensitive matters.
- I acknowledge that some or all information sent or received via text may make mention of my diagnosis, conditions, care, and medications, and may become part of my UPCAP file/record.
- I understand it is my responsibility to protect passwords to messaging accounts.
- I understand UPCAP is not liable for breaches of confidentiality caused by any third party or myself.
- ***I understand that communication via unencrypted text messaging is not secure and UPCAP cannot guarantee the confidentiality of electronic PHI.***
- I understand I may, at any time, revoke my consent for text communications. Unless revoked verbally or in writing, this will expire upon termination from UPCAP services or programs.

**I hereby acknowledge that I have read and fully understand the information provided in this Participant Consent Form for Text Communication. I understand the risks associated with using text messages to communicate with UPCAP staff.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LTC Compliance/Privacy Mgr: \_\_\_\_\_ Date: \_\_\_\_\_

**Revoke Consent**

I request that UPCAP staff no longer use the above mobile number to communicate with me.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verbal Request taken by: \_\_\_\_\_ Date: \_\_\_\_\_