



## Text Messaging Communication Consent

I, (name of client/patient) \_\_\_\_\_, give consent to the County of Humboldt Department of Health and Human Services (DHHS) and all related programs and divisions to communicate with me regarding my Protected Health Information and/or Personally Identifiable Information (Confidential Information) using text messaging and/or email.

Text message number: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

### I understand:

- DHHS is not responsible for the security of my text messages and/or email.
- Text messages and/or email can be intercepted, spied upon, and otherwise accessed without my consent. DHHS can provide no protections to any communications transmitted to me.
- It is my responsibility to inform DHHS of changes to my text message number and/or email address. DHHS is not responsible for any disclosures that occur because I don't tell DHHS about these changes.
- I may have limitations to my texting or data plan through my provider and any overage charges are not the responsibility of DHHS.
- I may opt out of text messaging and/or email communication at any time in writing.

**I understand the above statements and with my signature opt in to text messaging communication. This consent shall remain in effect until revoked in writing.**

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

The original shall be filed in accordance to record and retention of DHHS client/patient records.

Routing (scanned or hard copy is acceptable): client/patient record file  
DHHS Form #4017 (9/27/2019)