

## **7. Permission: PHI via email and/or text**

You may give permission to Koa Counseling to communicate with you by unencrypted email and text messages (also known as SMS; this does not include any other messaging services such as WhatsApp, Facebook Messenger, etc.). The primary purpose of these communications will be for the practice to inform you of appointment schedules and reminders, to check in periodically, and to provide other information about services you obtain from the practice.

This form provides information about the risks of these forms of communication, guidelines for email and text communication, and how we use email and text communication. It will also be used to document your consent for communication with you by email and text message.

### **1. Risks of Using Unencrypted Email and Text Messages:**

The use of unencrypted email and text messages carries a number of risks that you should consider. These risks include, but are not limited to, the following:

a. Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.

b. Senders can accidentally send or forward an email or text to an undesired recipient.

c. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted their copy.

d. Employers and online services have a right to inspect emails and texts sent through their company systems.

e. Emails and texts can be intercepted, altered, forwarded, or used without authorization or detection.

f. Emails and texts can be obtained and used as evidence in court.

g. Cell phones and other personal devices containing emails and texts can be lost or stolen, resulting in the disclosure of messages to unauthorized individuals.

## 2. Conditions for the Use of Email and Text Messages:

The practice cannot guarantee, but will use reasonable means to maintain, the security and confidentiality of email and text information sent and received. You must acknowledge and consent to the following conditions:

a. In a medical emergency, do not use email; call 911. Do not use email or text for urgent problems. Please call your physician or 911 in the event of a medical emergency. Urgent messages or needs should be relayed to us using regular telephone communication, and may include text messages.

b. Emails and texts to us should not be time-sensitive. While we try to respond to email messages daily, we cannot guarantee that any particular email will be read and responded to within any particular period. If you have not heard back from us within three days, please call us to follow up if you have not received a response.

c. You should speak with your practice representative to discuss complex and/or sensitive situations rather than send email or text messages regarding such situations.

d. You should use your best judgment when considering the use of email or text messages for the communication of sensitive medical information. The practice and its personnel are not responsible for the content of messages you send to the practice.

e. The practice is not liable for breaches of confidentiality caused by you or any third party.

f. It is your responsibility to follow up with your practice representative if warranted.

g. I understand that message and data rates from my cell phone service provider may apply.

### 3. Withdrawal of Consent:

I understand that I may revoke this consent at any time by advising the practice in writing.

a. To withdraw consent for text messages, I can notify the intake office.

b. To unsubscribe from email messages, I can notify the intake office.

c. My revocation of consent will not impact my ability to obtain future health care, nor will it cause the loss of any benefits to which I am otherwise entitled.

### Patient Acknowledgment and Agreement

I acknowledge and agree that by providing my email address and/or cell phone number to the practice, I am consenting and agreeing to receive unencrypted email and/or text messages at the email address or telephone number provided. Such messages may include information relating to my health and healthcare, including orders, appointment schedules and reminders, and other information about the services I obtain from the practice.

I understand that email is subject to the risks presented in Section 1. To unsubscribe from email messages, notify the intake office.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of unencrypted email and text messaging as a form of communication

between the practice and me. I consent to the conditions and instructions outlined, as well as any other instructions that the practice may impose to communicate with me by email or text message.