TEXT MESSAGING CONSENT FORM

RISKS OF USING TEXT MESSAGING:
Transmitting information by text message has a number of risks that clients should consider. These include, but are not limited to, the following risks:
• Text messages are not encrypted (coded).
• Text messages can be circulated, forwarded and stored electronically.
• Text messages can be received by unintended recipients.
• Text message senders can easily misdirect text messages.
• Back-up copies of text messages may exist even after the sender or the recipient has deleted his or her copy.
• Employers have a right to inspect text messages transmitted through employers’ phones.
• Text messages can be intercepted, altered, forwarded, or used without authorization or detection.
• Text messages can be used as evidence in court.

CONDITIONS FOR THE USE OF TEXT MESSAGING:
• Text messaging is not appropriate for emergency situations and will be used only after all other contact efforts have been made.
• Deschutes County will use text messaging only as a method of contacting clients. Deschutes County will not send any personal client information via text message.
• Clients must avoid sending any personal information to Deschutes County via text message.
• All text messages to or from a client will be stored by Deschutes County in accordance with record retention requirements.
• The client is responsible for protecting his/her cell phone or other means of access to text messaging. Deschutes County is not liable for breaches of confidentiality caused by the client or any third party.
• The client shall avoid use of his/her employer's cell phone to send/receive text messages to Deschutes County.
• It is the client's responsibility to follow up and/or schedule an appointment if warranted.
• The client shall inform Deschutes County in writing of changes to his/her cell phone number.
• The client shall notify Deschutes County in writing when he/she no longer wants to receive text messages from Deschutes County.
• The client understands that there may be a cost involved in receiving text messages.

CLIENT ACKNOWLEDGEMENT AND AGREEMENT
I acknowledge that I have read and fully understand the information Deschutes County has provided me regarding the risks of using text messaging. I consent to the conditions outlined above and understand that Deschutes County may impose other conditions regarding text message use in the future.

_______________________________________________________________________
Signature of Client          Date

_______________________________________________________________________
Printed Name

_______________________________________________________________________
Cell Phone Number        Cell Service Carrier

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http://insidedc/health/Forms/Text Messaging Consent Form.docx