

KICK SOME MASS MEDICAL CONSENT AND AUTHORIZATION FOR TEXT MESSAGE

Text message communication provides for a fast and easy way to communicate with your healthcare provider for those issues that are non-emergent, non-urgent or non-critical. It is not a replacement for the interpersonal contact that is the very basis of the patient-healthcare provider relationship; rather it can support and strengthen an already established relationship.

The following summarizes the information you need to determine whether you wish to supplement your healthcare experience at our practice by electronically communicating with staff members.

General Considerations:

- Text message communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- Standard text messages services through cellular service providers are not secure. This means that the text messages are not encrypted and can be intercepted and read by unauthorized individuals.
- Transmitting text messages that contains protected health information through cellular service that is not encrypted does not meet the security guidelines as required by the Health Information Protection and Accountability Act (HIPAA).
- Your cellular phone number will not be used for external marketing purposes without your permission.

Provider Responsibilities:

- The Provider will attempt to electronically confirm cellular phone number by requesting a return response to all text messages.
- Your provider may route your text messages to other members of the staff for informational purposes or for expediting a response.
- Designated staff may receive and read your text messages.
- The provider will make every attempt to respond to your text message within 1 business day. If you do not receive a response from the provider within 1 business day, please contact our office.
- Copies of text messages sent and received from and to you will be incorporated into your medical record if information is pertinent to treatment. You are to retain all electronic correspondence for your own files.

Patient Responsibilities:

- Text messages should not be used for emergencies or time sensitive situations. In event of a medical emergency, you should contact 911. For emergent or time sensitive situations, you should contact your healthcare provider through the office.
- Text messages should be concise. Please arrange for an office appointment if the issue is too complex or sensitive to discuss via text message.
- Please key in your full name when sending text messages to our office. This will serve to identify you as the sender of the text message.
- Please acknowledge that you received and read the provider's message by return text message to the provider's office.

Due to the importance of using text message we want to make sure that every patient who provides us their cellular phone number is able to receive our communication. Depending on your cellular service provider, there could be additional charges associated with text messages from our office.

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I have read and understand the above description of the risks and responsibilities associated with electronic communication with my healthcare provider.

I acknowledge that commonly used cellular services are not secure and fall outside of the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information.

I have been given the opportunity to discuss cellular and text message communication with my healthcare provider and have had all my questions answered.

In consideration of my desire to use cellular communication as supplement to in-person office visits with my provider, I hereby consent tot cellular communication via non-secure cellular services such as text messages.

I understand that I may revoke my consent to communicate electronically through cellular communication at any time by notifying Kick Some Mass in writing, but if I do, the revocation will not have any effect on actions my healthcare provider has already taken in reliance on my consent.

I agree to release my provider and the practice from any and all liability that may occur due to cellular communication over a non-secure network.

I further agree to be held accountable for patient responsibilities as outlined above.

PATIENT:

Patient Authorized Cellular Phone Number:

Patient Signature:

Date:
