



County of San Luis Obispo Behavioral Health  
Consent for Text Communication

Client Name \_\_\_\_\_ Client ID # \_\_\_\_\_

## Consent for Text Communication

Effective/Start Date \_\_\_\_\_

**I hereby agree to receive text messages (SMS) from County of San Luis Obispo Health Agency and its contracted mental health and substance use disorder providers for any purposes related to my treatment, the coordination of my care, or reimbursement for my care, in accordance with terms of this consent form. I acknowledge and understand that:**

- If my phone number changes, I should inform County of San Luis Obispo Health Agency as soon as possible. I understand that if I don't inform County of San Luis Obispo Health Agency, providers may continue to text my previous number under this consent, which may result in a breach of confidentiality.
- When using my own personal electronic device, County of San Luis Obispo Health Agency does not have any control or authority over the protection of my health information that may be stored within my device. I understand that information stored within my device may be at risk, for example, if lost or stolen.
- Texting is not appropriate for urgent or emergency situations. Providers cannot guarantee that any particular message will be read and responded to within any particular period of time.
- Providers will use reasonable means to maintain security and confidentiality of text information sent and received. Providers and County of San Luis Obispo Health Agency are not liable for any breach of confidentiality caused by the client or any third party.
- I may be charged fees for the sending and receipt of texts by my cell phone carrier.



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- I have the right to opt out of the receipt of text messages any time by replying "STOP" to any message I receive from County of San Luis Obispo Health Agency or my provider.
- Depending on the service I use for text messaging, the messages sent may not be encrypted and therefore could potentially be intercepted by other people, and I agree to accept that risk by engaging in text messaging.
- I am under no obligation to communicate with County of San Luis Obispo Health Agency or my providers via text message, and if I have any concerns about communicating via texts I should not do so.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_