Gateway Behavioral Health Services
- Text Message Communication
Consent

Session Information

Client:

Staff:

Document Date:

Client Program:

Text Message Communication Consent

In an effort to provide quality and accessible care, our agency offers clients the convenience of text messaging as a way of communicating with their treatment team members. While there are numerous benefits to using text messaging, it is not a totally secure means of communication. To begin utilizing text messaging as a method of communication with agency authorized staff, please review and sign the below authorization.

Authorization to Communicate Through Text Messaging

I consent to have authorized agency staff, including my treatment team members, to use text messaging as a form of communication. I understand that message/ data rates may apply to messages sent by the agency to my cell phone. I also understand that others may be able to access the texts the agency sends if I share or lose my cell phone, and that the agency cannot be responsible for any resulting disclosure of my information.

I understand that standard SMS text messaging is not a confidential method of communication and may be unsecure. I further understand that, because of this, there is a risk that standard SMS text messages regarding me and my healthcare might be intercepted and read by a third party.

I know that I am under no obligation to authorize the agency to send text messages as part of care, and that I may opt out of receiving text communications any time by calling my treatment team members or authorized agency staff to withdraw my consent.

My signature certifies I understand the risk associated with texting and agree to receiving text communications from this agency and its authorized staff.

Information Detail: ☐ Appointment Reminders Only   ☐ Billing and Co-pays   ☐ How to get help when needed, information to help manage my recovery

Agency Selection:

Contact Information

Preferred Phone Number for Text Communication:

Alternate Phone Number:

Alternate Phone Number:

Effective Date

Date:

Signatures

Signature: