**Information about Text Message Communication and Our Text Message Policies**

**You have asked to communicate with our office via Text Message. To do so with safety and confidence, you must understand and agree to our guidelines. Please read the following information about Text Message communication and our Text Message policies. If you have any questions about what you read, please ask your physician or a member of our staff.**

**Following this information is an Agreement. If you understand our Text Message policies and agree to adhere to them, please sign and date the form. We will give you a copy to take home. If, at any time, you wish to discontinue Text Message communication with this office, please submit your request in writing. Thank you for your cooperation.**

* Please be aware that Text Message communication is not a substitute for a face-to-face encounter with a physician.
* It is our practice to make every effort to protect your confidential information in all communi­cation. *[Optional: List protection technology such as firewall, secure network, encryption, automatic logout, password protection, need-to-know access, etc.]* We acknowledge, however, that no Text Message is 100% secure. Even the most carefully protected messages stored on a Smartphone. Although it is unlikely, this information *could* be retrieved. We cannot guarantee against unknown privacy violations such as unauthorized access achieved by illegal activity.

• **We ask you to limit your Text Message communication with us: to ask routine, non-urgent medical questions; to schedule an appointment; or to report a mild reaction to treatment.**

* We will communicate with you via Text Message only if you are an established patient. That means that we will communicate with one another only in the context of care that began with a face-to-face encounter.
* All Text Message communication will be printed out and a hard copy will be filed in your medical chart.
* We will try to respond to Text Message messages within XX hours. **If you do not get a response from this office within XX hours, please contact us by telephone, mail, fax, or in person.**
* We do not accept medication refill requests by Text Message unless the request was preceded by a recent exam in the office. Even then, good medical practice may mean that it is necessary for you to be seen before we can refill your medication.
* We will do our best to avoid technical problems. However, if a malicious virus infiltrates our system, we cannot guarantee that we could prevent it from inadvertently passing to your Smartphone.
* If we are out of the office or if we are with other patients, a medical assistant will print out Text messages for us and, at our direction, may respond to you on our behalf.
* If you fail to adhere to our Text Message policies, we will discontinue our communication with you via Text Message.

**Please alert us to any questions you have about what you have read.**

**Our Agreement**

**I wish to communicate with the office of Dr. XX and Dr. XX by Text Message. I am aware that Text Message commun­­ication is not 100% reliable or secure, but I acknowledge that the doctors and their staff assured me that they make every effort to protect my privacy. I wish to use Text Message to communicate with them.**

1. I am aware and agree that a hard copy of all Text Message correspondence will be filed in my chart.

2. I will limit my Text Message to: ask routine, non-urgent medical questions; make an appointment; request a non-narcotic prescription refill; or report a mild reaction to treatment.

3. I agree to fill in the subject line of each Text Message to alert the doctors and their staff of the purpose of my message. (e.g., REFILL; QUESTION; APPOINTMENT; etc.)

4. I will not Text Message my doctor regarding emergencies, as I am aware that time-sensitive matters are not appropriate for Text Message communication.

5. I will not communicate by Text Message about information or questions related to 1) highly sensitive subjects such as HIV/AIDS or STDs; 2) questions or problems of a sexual nature; 3) alcohol or drug dependence or treatment; or 4) questions about my mental health.

6. If I do not get a response to my Text Message within XX hours, I will contact my doctor or office staff via other means.

7. I know I am responsible for following the medical advice my doctor or designated staff convey to me by Text Message.

8. I accept that if I fail to follow this agreement related to our Text Message correspondence, that my doctor will limit my correspondence to more traditional means, such as the telephone and/or US mail.

9. I request and authorize my doctor or designated staff to communicate my routine negative lab results to me via Text Message.

11. I have asked all the questions I had about the practice’s Text Message policies and my questions were answered to my satisfaction. I understand the policies and agree to abide by them in full.

12. [**Optional:** I agree to pay the doctors’ fees for Text Message communication in the event my health insurance or mobile carrier do not cover the charges.]

**Patient’s signature Date**

**Mobile number Home number**

**Physician’s signature Date**

**🗆 copy to patient**