



PORTLAND DBT INSTITUTE, INC
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PATIENT EMAIL AND TEXT MESSAGE CONSENT FORM

Patient Name: _____

Email: _____

Text message number(s): _____

1. RISK OF USING EMAIL AND/OR TEXT MESSAGE

Transmitting patient information by email or text has a number of risks that patients should consider before using email or text. These include, but are not limited to, the following risks:

- a) **The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) recommends that E-mail that contains protected health information be encrypted. Emails and text messages sent from Portland DBT Institute (PDBTI) are not encrypted, so they may not be secure.** Therefore it is possible that the confidentiality of such communications may be breached by a third party.
- b) Email/texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c) Senders can easily misaddress an email/text.
- d) Email /text is easier to falsify than handwritten or signed documents.
- e) Backup copies of email/text may exist even after the sender or the recipient has deleted his or her copy.
- f) Employers and on-line services have a right to inspect email or text transmitted through their systems.
- g) Email/text can be intercepted, altered, forwarded, or used without authorization or detection.
- h) Email/text can be used to introduce viruses into computer systems.
- i) Email/text can be used as evidence in court.

2. CONDITIONS FOR THE USE OF EMAIL/TEXT

PDBTI cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. Patients must acknowledge and consent to the following conditions:

- a) **Email is not appropriate for urgent or emergency situations. PDBTI cannot guarantee that any particular email will be read and responded to**

- within any particular period of time.
- b) Text messages may be used (at the therapists discretion) to initiate coaching calls with the therapist. However, the content of urgent phone coaching typically occurs over direct voice-to-voice communications.
- c) All clinically relevant emails/texts will typically be printed and filed in the patient's medical record.
- d) Practice will not forward patient identifiable emails/texts outside of the Practice without the patient's prior written consent, except as authorized or required by law.
- e) In the event that the patient does not comply with the conditions herein, Practice may terminate patient's privilege to communicate by email/text with Practice.
- f) Appointment reminders via email or text message can only be done after the patient consents to receiving such messages, in compliance with the Telephone Consumer Protection Act (TCPA).

3. PATIENT ACKNOWLEDGMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email/text between PDBTI and me, and consent to the conditions and instructions outlined, as well as any other instructions that the PDBTI may impose to communicate with patient by email/text. If I have any questions, I may inquire with the Practice Privacy Officer.

Patient
Signature: _____

Date _____

Would you like to receive automated appointment reminders...

via e-mail? ___ Yes ___ No

via text (SMS)? ___ Yes ___ No

via voicemail? ___ Yes ___ No