Client Name: _____ Client ID: _____

Authorization for Electronic Communication- Texting

Central Minnesota Mental Health Center (CMMHC) understands that your privacy is important. We are required by law to maintain the privacy of Protected Health Information (PHI) (see *CMMHC Notice of Privacy Practices*). It is important that you understand that there are limitations to ensuring confidentiality should you choose to communicate with CMMHC staff electronically by text.

Should you choose to participate in electronic communications with CMMHC, please note the following:

- CMMHC will not share texts outside of the agency without a Release of Information (ROI) &/or court order.
- All electronic messages will receive a response within 3 business days.
- For your protection please limit electronic communications to brief messages and avoid providing detailed, sensitive information that may identify you. Do not use personal identifiers such as your last name, age, race, birth date, Social Security Number, etc.
- CMMHC staff will not disclose any PHI through the use of text messages. CMMHC responses to messages/texts will not provide any PHI.
- Due to the nature of the internet, electronic communications are **NOT** secure and may be viewed by unauthorized individuals. Consideration needs to be given to the amount and type of information disclosed via electronic communications.
- Phone can be lost or stolen, PHI may fall into the wrong hands.

Please check the following:

_____ I give CMMHC (ACT, ARMHS, AILS, TCM, SLMH, Mobile Crisis, CSP, & CRI) permission to communicate with me via text messaging. I am aware of the limitations and potential risks that are related to my use of electronic communication. I understand and agree to the terms that are outlined above. I also understand that use of electronic communication means that my confidentiality cannot be guaranteed according to HIPAA regulations.

_____ _____ _____
Client Name (Print) Client Date of Birth Client ID Number

_____ _____ _____ _____
Client Signature Date Staff Signature Date

Withdrawing Authorization MUST be in WRITING: I hereby withdraw my authorization to communicate with CMMHC (ACT, ARMHS, AILS, TCM, SLMH, Mobile Crisis, CSP, & CRI) staff by text messages. I understand that to begin contact by electronic communication I will be required to sign a new authorization.

_____ _____
Client Signature/Date Staff Signature/Date

A. A completed copy of the release will be given to the consumer, the parent and/or the guardian.

B. The original release is to be sent to the HIM Coordinator to be scanned into the client's electronic chart. A copy is not to be kept by any other personnel.