

Patient Email and Text Message Informed Consent

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I give permission to Dr M Kathryn Schaefer and her staff to communicate with me by email and text message (also known as SMS). This form provides information about the risks of these forms of communication, guidelines for email/text communication, and how we use email/text communication. This will document your consent for communication with you by email and text message.

1. **How we will use email and text messaging:** We use these methods to communicate only about non-sensitive and non-urgent issues. All communications to or from you may be made a part of your medical record.

2. **Risk of using email and text messages:** The use of email and text message has a number of risks that you should consider. These risks include, but are not limited to, the following:
 - a. Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
 - b. Senders can easily misaddress an email or text and send the information to an undesired recipient.
 - c. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
 - d. Employers and on-line services have a right to inspect emails and texts sent through their company systems.
 - e. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
 - f. Emails and texts can be used as evidence in court.
 - g. Email and text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.

3. **Conditions for the use of email and text messages:** Dr M Kathryn Schaefer, LLC cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. You must acknowledge and consent to the following conditions:
 - a. **IN A MEDICAL EMERGENCY, DO NOT USE EMAIL, CALL 911.** Do not email for urgent problems. If you have an urgent problem during regular business hours, please call 808-261-1121. Urgent messages or needs should be relayed to us by using regular telephone communication and may include text messages.
 - b. Emails should not be time-sensitive. While we try to respond to email messages, we cannot guarantee that any particular email will be read and responded to within any particular period of time. If you have not heard back from us within three days, call our office to follow up if we have received your email.
 - c. You should speak with a staff person to discuss complex and/or sensitive situations rather than send email or text messages regarding such situations.
 - d. Email and text messages may be filed electronically into your medical record.
 - e. Clinical staff will not forward your identifiable email/texts to outside parties without your written consent, except as authorized by law.
 - f. You should use your best judgment when considering the use of email or text messages for communication of sensitive medical information. Clinical staff are not responsible for the content of messages.
 - g. Dr M Kathryn Schaefer, LLC is not liable for breaches of confidentiality caused by you or any third party.
 - h. It is your responsibility to follow up with a staff person if warranted.

4. **Withdrawal of consent:** I understand that I may revoke this consent at any time by advising Dr M Kathryn Schaefer, LLC in writing. My revocation of consent will not affect my ability to obtain future health care nor will it cause the loss of any benefits to which I am otherwise entitled.

5. **Client Acknowledgement and Agreement:** I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email and text messaging as a form of communication that may not be HIPPA compliant between Dr M Kathryn Schaefer, LLC staff and me, and consent to the conditions and instructions outlined, as well as any other instructions that Dr M Kathryn Schaefer, LLC may impose to communicate with me by email or text message.

Patient Name Print: _____

Patient Signature: _____

Date: _____

Doctor: _____

Date: _____

Witness: _____

Date: _____