

Email and Text Messaging Communication Consent

I, _____, do hereby authorize Shasta County Health
 (Print Name)

and Human Services Agency, including but not limited to Adult Services, Children Services, Public Health, and Economic Mobility branches, and its providers and other medical or administrative staff to communicate with me regarding my Protected Health Information (PHI) and/or Personally Identifiable Information (PII) using Electronic Mail (also called email or e-mail) and/or text messaging device at this

email address: _____ and/or this

text message number: (_____) _____ - _____.

Initial each item of information which may be disclosed:

- | | | |
|---|--|--|
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Alcohol & Drug | <input type="checkbox"/> Behavioral Health Team |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> HIV | <input type="checkbox"/> Perinatal |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Social Services | <input type="checkbox"/> Housing |

By signing below, I understand and agree with the following statements:

- Shasta County is not responsible for the security of my Electronic Mail and/or text messages.
- Electronic Mail and/or text messages can be intercepted, spied upon, hacked, or otherwise accessed without my consent.
- My Electronic Mail and/or text message provider is not a part of Shasta County and Shasta County can provide no protections to any communications transmitted to or from me through that provider or stored in my Electronic Mail and/or text message account.
- I am responsible for keeping my Electronic Mail and/or text messages secure. This includes, but is not limited to, using a secure password and not sharing that password. Shasta County strongly suggests researching methods to keep my Electronic Mail and/or text messages more secure.

- The information transmitted to my Electronic Mail and/or text message may still be accessed by others against my wishes.
- It is my responsibility to inform Shasta County if my email address or text message number changes and Shasta County is not responsible for any disclosures that occur because I don't tell Shasta County about these changes.
- If I wish to maintain the confidentiality of PHI and/or PII, I should not utilize Electronic Mail and/or text messages to communicate PHI and/or PII.
- Email and text messaging should not be used for crisis or emergency communication(s).
- My texts and emails may be included in my health record if they are clinically relevant or if we base treatment decisions on them.

I understand all the above and I hereby release Shasta County of all responsibility of any Electronic Mail and/or text messages that have been transmitted to or from me.

Signed: _____ Date: _____

This release shall remain in effect until revoked in writing.

Address Revocation to:

*HIPAA Privacy Officer
Shasta County Health & Human Services Agency
P.O. Box 496005 • Redding, CA 96049-6005*

HSA Office Use Only:

Staff Person: _____ Staff's Phone: _____

Chart #: _____