

Patient Portal and Text Message Informed Consent

You may give permission to **VIP MidSouth's** staff to communicate with you 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. It also will be used to 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. You have the same right of access to such communications as you do to the remainder of your medical record. Your email and text messages may be forwarded to another VIPMS staff member as necessary for appropriate handling. We will not disclose your emails or text messages to researchers or others unless allowed by state or federal law. Please refer to our Notice of Privacy Practices for information as to the permitted uses of your health information and your rights regarding privacy matters.
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:** VIPMS 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 OR PATIENT PORTAL. CALL 911.** Do not email for urgent problems. If you have an urgent problem during regular business hours, please call our office. Urgent messages or needs should be relayed to us by using regular telephone communication.
 - b. Emails through the patient portal should not be time-sensitive. While we try to respond to email messages daily, we cannot guarantee that any particular email will be read and responded to within any particular period of time.
 - c. You should speak with a staff member to discuss complex and/or sensitive situations rather than send email regarding such situations.
 - d. 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.
 - e. VIPMS is not liable for breaches of confidentiality caused by you or any third party.
 - f. It is your responsibility to follow up with a staff member if warranted.
 - g. It is your responsibility to update our office if your phone number or email address changes.
4. **Withdrawal of consent:** I understand that I may revoke this consent at any time by so advising VIPMS 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.

Acct: _____

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Patient 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 between VIPMS staff and me, and consent to the conditions and instructions outlined, as well as any other instructions that VIPMS may impose to communicate with me by email or text message. I acknowledge that appointment reminders by text are an additional service and that these may not take place on all occasions, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message service at any time. VIPMS is not responsible for any charges imposed by my wireless carrier.

Please check one box. I wish to receive communications and appointment reminders via:

Phone call/voicemail at phone: _____
or
.....

Text message (SMS) at cell: _____

I prefer to receive these messages in the: morning afternoon evening

or
.....

Email/Patient Portal ONLY at email: _____

or
.....

I do not wish to receive electronic communications at this time.

Patient Name: _____ Patient Date of Birth: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Please list any additional patients' names and dates of birth here: