



County of San Luis Obispo Behavioral Health
Consent for Text Communication

Client Name

Client ID #

I hereby agree to receive communication through text message (SMS) under the terms of this consent form. I understand that:

- If my phone number changes, I should inform The County of San Luis Obispo as soon as possible. I understand that if I don't inform The County of San Luis Obispo, providers may continue to text my previous number under this consent, which may result in a breach of confidentiality.
- When using my own personal electronic device, The County of San Luis Obispo does not have any control or authority over the protection of my health information that may be stored within my device. I understand that information stored within my device may be at risk, for example, if lost or stolen.
- Texting is not appropriate for urgent or emergency situations. Providers cannot guarantee that any particular message will be read and responded to within any particular period of time.
- Providers will use reasonable means to maintain security and confidentiality of text information sent and received. Providers and The County of San Luis Obispo are not liable for any breach of confidentiality caused by the client or any third party.
- I may be charged fees for the sending and receipt of texts by my cell phone carrier.
- I have the right to opt out of the receipt of text messages any time by replying "STOP" to any message I receive from The County of San Luis Obispo or my provider.
- Depending on the service I use for text messaging, the messages sent may not be encrypted and therefore could potentially be intercepted by other people, and I agree to accept that risk by engaging in text messaging.
- I am under no obligation to communicate with The County of San Luis Obispo or my providers via text message, and if I have any concerns about communicating via texts I should not do so.

Client Signature

Date

Parent/Guardian Signature

Date

Relationship to Client

Staff Signature

Date