Template Text Messaging Consent Form

Disclaimer

We have provided a sample paper form that you can use to provide proper consent to texting (and emailing) your patients. Be sure to insert your practice name.

It is easier to provide this disclosure electronically. Contact us if you would like help with that.

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Sample Text Messaging Consent Form

Patients of **ABC Medical Group** (hereby referred to as “the Practice”) may be contacted via email and text messaging (hereby collectively referred to as “messages” and “messaging”). The Practice provides messaging to improve service and care.

I acknowledge that any phone number or e-mail address of mine, my family or my dependents may be used by the Practice for electronic communication with that individual. I understand that this request to receive messages will apply to appointment reminders, feedback requests, recommended appointments, announcements, marketing, billing, health information and any communication that the practice believes is important to my/our health or well-being. I acknowledge that these messages will persist unless I request a change in writing. The Practice does not charge for this service, but standard text messaging rates may apply. Please contact your wireless carrier for pricing and details.

I acknowledge that messaging is unencrypted and is not a secure communication channel. Unauthorized parties can access the contents of my messages. Unauthorized parties include, but are not limited to, my wireless carrier, third-party applications, or affiliates of the Practice. I recognize that my protected health information (PHI) may be accessible by unauthorized parties through messaging. I do not hold the Practice liable for any unauthorized access of the contents of any messages sent to or from the Practice or any of its staff members, contractors, or affiliates.

By signing the below, I consent to receive text and email messages from the Practice. I acknowledge the risks inherent with messaging and agree to not hold the Practice liable for any unauthorized access or viewing of the messages. Furthermore, I understand how the Practice will use messaging to communicate with me and my dependents.

_____	_____
Signature	Date
_____	_____
Printed Name	Cell Phone Number
_____	_____

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E-mail Address

_

Home Phone Number