



Patient Name: _____

DOB: _____

Cell Phone: _____

Email Address: _____

Patient Email and Text Message Informed Consent

Isabella Citizens for Health, Inc. (ICH) and its affiliates, agents, independent contractors and any “covered entity” or “business associate” (as those terms are defined by the HIPAA Privacy Rule) with which your information may be shared under HIPAA (collectively, “Isabella Citizens for Health, Inc.”) may communicate with you by email, text message, and/or other forms of unencrypted electronic communication (together, “Electronic Messaging”) to the telephone number(s), email address(es), or other locations reflected in your medical record or as otherwise provided below. This form provides information about ICH’s use, risks, and conditions of Electronic Messaging. It will also be used to document your consent for ICH’s communication with you by Electronic Messaging.

How we will use Electronic Messaging: ICH may use Electronic Messaging to communicate with you regarding a wide range of healthcare related issues, including, but not limited to:

- Reminders of appointments or actions for you to take before an appointment, follow-ups from appointments, including copies of lab and radiology results, and notices about preventive services, treatment options, coordination for your care, and other available health services.
- How to participate in patient satisfaction surveys or how to use our secure patient portal (NextMD); and
- Information regarding insurance, billing, eligibility for programs/benefits, and account balances.

ICH may use automatic dialers, broadcast messaging, or pre-recorded voice message when it communicates with you through Electronic Messaging. All Electronic Messaging may be made part of your medical record.

Risk of using Electronic Messaging: Electronic Messaging has a number of risks that you should consider, including:

- Electronic Messaging can be circulated, forwarded, sent to unintended recipients, and stored electronically and/or on paper.
- Senders can easily misaddress Electronic Messaging and send information to an unintended recipient.
- Backup copies of Electronic Messaging may exist even after deletion.
- Electronic Messaging may not be secure and can possibly be intercepted, altered, forwarded, or used without authorization or detection.
- Electronic Messaging service providers may charge for calls or messages received.
- Employers and online providers have a right to inspect Electronic Messaging sent through their company systems.
- Electronic Messaging can be used as evidence in court.

Conditions for the use of Electronic Messaging: ICH cannot guarantee, but will use reasonable means to maintain, the security and confidentiality of the messages we sent. By signing where indicated below, you acknowledge your consent to the use of Electronic Messaging on the following conditions:

- **IN A MEDICAL EMERGENCY, DO NOT USE ELECTRONIC MESSAGING. CALL 911.**



- Electronic Messaging may be filed in your medical record.
- ICH is not liable for breaches of confidentiality caused by you or any third party.
- You are solely responsible for any charges incurred under your agreement with your Electronic Messaging service provider (for example, on a per minute, per message, per unit-of-data-received basis or otherwise).

Expiration and Withdrawal of Consent: Unless you withdraw your consent earlier, this consent will expire upon the end of your treatment relationship with ICH. You may choose to stop participating in Electronic Messaging at any time by informing ICH in writing. You further understand that withdrawing this consent will not cause you to lose any benefits or right to which you are otherwise entitled, including continued treatment, payment or enrollment or eligibility for benefits. To withdraw your consent and stop participating in Electronic Messaging, please contact the ICH Privacy Officer as described in the Notice of Privacy Practices.

Patient Acknowledgement and Agreement: I have read and fully understand this consent form. I understand the risks associated with the use of Electronic Messaging between ICH and me, and I consent to the conditions and instructions outlined, as well as any other instructions that ICH may impose to communicate with me by Electronic Messaging. By signing below, I consent to receiving text messages and emails from ICH. I understand that ICH will send Electronic Messaging to those telephone number(s) and email address(es) in listed in my medical record.

Release: In consideration of ICH’s services and my request to receive Electronic Messaging as described herein, I hereby release ICH from any and all claims, causes of action, lawsuits, injuries, damages, losses, liabilities or other harms resulting from or relating to the calls or messages, including but not limited to any claims, causes of action, or lawsuits based on any asserted violations of the law (including without limitation the Telephone Consumer Protection Act, the Truth in Caller ID Act, the CAN-SPAM Act, the Fair Debt Collection Practices Act, the Fair Credit Reporting Act, the Health Insurance Portability and Accountability Act, any similar state and local acts or statutes, and any federal or state tort or consumer protection laws.

Patient (or Authorized Representative) Signature **Patient’s Printed Name** **Date**