



FALLON PAIUTE-SHOSHONE TRIBE
FALLON TRIBAL HEALTH CENTER

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CONSENT FOR ELECTRONIC COMMUNICATION

Patient Registration Form 300-5 (Rev. Apr 2023)

PATIENT NAME (FULL LEGAL NAME)

HEALTH RECORD NUMBER (HRN)

E-MAIL AND TEXTING

The Fallon Tribal Health Center (FTHC) is able to use e-mail and texting to communicate with patients and clients upon mutual agreement. This can be very helpful and convenient to patients/clients but please understand that it is **not guaranteed to be secure**.

E-mail

- We use an encrypted secure method to send and respond to emails. You may have to download the appropriate software to view and respond.
- We will use the minimum necessary amount of Protected Health Information (PHI) to respond to any emails you may send. We will make every effort to keep PHI secure, in accordance with Federal law.
- Email communication is convenient, but **not appropriate for all circumstances**. Please remember the following:
 - **Emails are not to be used for emergencies or time-sensitive issues.**
 - **Emails are not to be used as a therapy session.**
 - **No one can guarantee the privacy of e-mail messages.** For example, if your work e-mail is used, even though sent securely by us, your employer may have the right to access any e-mail received or sent from your work computer.
 - **The FTHC is not responsible for access to PHI due to your sharing or loss of your User ID and password, or an unattended email account.** Any PHI accessed in this manner is no longer protected by our privacy practices.

Texting

- Texting is a convenient method of communicating brief information, but it is not secure. We have a system available for you to opt into that sends text messages about your next appointment as a courtesy reminder. This requires you to have a cell phone that is able to make and receive text messages.
- Texting is:
 - **Not for emergencies.**
 - **Not to be used for therapy services.**
 - **To be used as a reminder or services only.**
 - **No one can guarantee the privacy of text messages.**

For example, if you use a work phone, or your work has the right to access your phone, your employer may have the right to view your text messages.

PHONE MESSAGE REMINDERS

The FTHC can leave a message on your cell or home phone regarding your upcoming appointments. Agreeing to this service allows the FTHC to leave a message with anyone who answers the phone at my home/cell number or on my voicemail or any on my answering machine. The information that the FTHC provides includes only the dates and times of the appointment as a courtesy reminder. No information about the type of treatment or services will be disclosed. There is some risk that PHI may be disclosed to, or intercepted by unauthorized third parties. We will use the minimum necessary amount of PHI and will make every effort to keep your information secure as required by law.

You are NOT REQUIRED to use e-mail, text, or phone messages if you don't want to.

COMMUNICATION CONSENT

Please indicate below if you would like to communicate with us via e-mail, texting, or phone messages, please check the appropriate box(es), initial by the communication option(s), and provide a valid email address, text number, and/or phone number, or if you would like to decline in full or part.

► E-Mail

- ☐ Yes, I wish to communicate via email.....Email Address _____
- ☐ No email communications

► Text

- ☐ Yes, I wish to communicate via textCell Phone _____
- ☐ No text communications

► Phone Message Reminders

- ☐ Yes, I agree to phone message reminders.....Message Phone _____
- ☐ No phone message reminders for appointments

RISKS WITH ELECTRONIC COMMUNICATIONS

I understand the risks associated with electronic communications and initialed my communication preferences above. If I have authorized electronic communications, I do so with the following understanding:

- **Electronic communication methods can be misdirected to or intercepted and disclosed by unintended third parties and may not be a confidential form of communication.**
- **I understand and agree that electronic communication is being used for my convenience and the FTHC does not warrant the confidentiality or security of this transmission.**

PATIENT/CLIENT ACKNOWLEDGEMENT

I hereby certify that I have read all of the provisions of electronic communications and have received a copy of this Consent for Electronic Communications and I consent to the condition described herein and agree to adhere to the standards set forth in this form, as well as any other guidelines that the FTHC may impose for using electronic communication. I further certify that I am the patient or legally authorized by the patient to accept the terms of this form, and I know and understand the contents thereof.

SIGN HERE

SIGNATURE OF PATIENT, PARENT, OR LEGAL GUARDIAN

DATE SIGNED