

## Patient Communication Preferences

As a patient of Hospice of Reno County (HORC), we recognize the need to communicate confidential information between patients, families and staff in various ways. To accommodate the request to communicate by email or text it is important for clients to understand the potential risk associated. Email and texting can be inherently insecure and we will only communicate with you by email or text with your written consent at the email and phone provided. When you consent to communicating with us by email or text you are consenting to email and texting communications that may not be encrypted. As well voicemail or answering machine messages may be intercepted by others. Therefore, you are agreeing to accept the risk that your protected health information may be intercepted by persons not authorized to receive such information when you consent to communicating with us through phone, voicemail, email or text. Hospice of Reno County and its affiliates will not be responsible for any privacy or security breaches that may occur through voicemail, email or text communications that you have consented to.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Mobile Provider: \_\_\_\_\_

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### Select One Option:

\_\_\_ I consent to all communication, including but not limited to communication about my medical condition which may reveal protected health information by the following means (check all that you consent to):

Email                       Text by Email                       Voicemail

\_\_\_ I consent to receiving communication about the scheduling of appointments or other communications that do not reveal my protected health information only by the following means (check all that you consent to):

Email                       Text by Email                       Voicemail

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\_\_\_ I acknowledge and understand that communicating by text message about my or my loved one's medical condition is sent back to HORC staff in email format; therefore, responses may be delayed. HORC will make every effort to respond promptly, however, I understand there is no guarantee on time frame for a response. If there is an urgent need, I understand to call the office at 620-665-2473 and I will be assisted directly. In the case of an emergency I am directed to dial 911.

\_\_\_ I acknowledge that I am not required to authorize the use of text messaging or email and a decision not to sign this portion of the authorization will not affect my health care in any way.

\_\_\_ I understand it is my responsibility to ensure that HORC and its affiliates are updated in a timely manner should my phone number or email were to change. HORC will not be responsible for any disclosures that result as a failure to update HORC in a timely manner. By signing below, I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of unencrypted email and/or texts and consent to receiving information as indicated above despite those risk. Messages, both text and email, containing clinically relevant information may be incorporated into the medical record. I have been provided the opportunity to ask questions and all questions have been answered.

\_\_\_\_\_  
Patient/Personal Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date