

## PREFERENCE REGARDING PHONE, EMAIL AND TEXT MESSAGING

Federal Government requires that health care providers provide information about unencrypted “electronic communication” (texting and email) involving “protected health information (PHI).” PHI includes information about your emotional, mental and physical health, appointments, fees, our work, etc.

When I communicate via email with any clients/patients, I utilize a platform consistent with the standards of a Health Insurance Portability and Accountability Act (HIPAA)-compliant host, through G Suite. You may email me [info@drhofstettertherapy.com](mailto:info@drhofstettertherapy.com) to take advantage of this more secure means of email communication.

Many consider texting to be a convenient way to arrange/change appointments and communicate briefly. However, I want to make sure you know that texting is NOT encrypted. You are discouraged from sharing sensitive information over texting.

Texts and unencrypted emails can be hacked and intercepted during and after transmission by unauthorized persons. It may be possible for someone else to view our communications while we are reading or creating a text or email, read messages if we lose our devices, or in some other unauthorized way. I can't be responsible for unauthorized access of your PHI while or after that text is being transmitted, or once the text or email is in your possession on your devices. Additionally, while I have a secured voicemail for you to leave messages, voice messages could be intercepted or heard by an unauthorized person who gains access to that voice mail message on your phone.

You have the right to refuse to allow unencrypted texts and/or encrypted emails. If that is your preference, we will arrange to communicate via phone, voice mail, and mail via the postal system.

Through this form you may give your permission for us to use email and text to communicate about appointments, payments, and occasionally other aspects of our work. You have the right to change your mind in the future by requesting a new copy of this form and updating it.

**PLEASE NOTE: Although I am happy to provide various means of contact, I cannot be reachable and available 24/7. If you are in danger, in an emergency, call 911 or go to the nearest hospital ER.**

EMAIL: I understand that Dr. Hofstetter's email ([info@drhofstettertherapy.com](mailto:info@drhofstettertherapy.com)) is encrypted and I wish to use this means of communication. My preferred email address is: \_\_\_\_\_ (Initial here): \_\_\_\_\_

1. TEXT: I understand that texting with Dr. Hofstetter is unencrypted, but I nevertheless opt to use this means of communication: \_\_\_\_\_

### 2. TELEPHONE AND VOICE MAIL MESSAGES:

A. Please indicate your preferred contact number: This is my **home cell** number. \_\_\_\_\_

B. May I leave a voice message at this number if you do not answer? YES NO

C. If your preference is to use your cell number, may I send you text messages that may include information about appointments, fees, our work, your well-being, and other health information? YES NO

Other instructions? \_\_\_\_\_

\_\_\_\_\_

Your Name (Printed)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date