



# Health and Human Services Agency

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## Email and Text Messaging Communications Consent Form Instructions for Managers

Management is responsible to train text/email users and to safeguard use.

1. Clients must consent to communication by text or email in writing prior to any communications. See the Email and Text Communication Consent Form.
2. Due to legal and contractual requirements, texts and emails must be composed without DHCS PHI or PII. It is best practice to exclude any information potentially identifying the recipient as a client/patient. Consult with the Privacy Officer to discuss specifics as they apply to your program.
3. Due to these restrictions, these types of communications are very limited. It is recommended you limit communications to appointment reminders and the like. Even these must be worded so as not to divulge DHCS PHI or PII. For instance, **do not send** a text stating, “[Patient Name, MEDS Number]: your drug treatment counselling appointment is tomorrow.” Remember, names, identification of the recipient as a patient, and even treatment dates are protected and cannot be emailed or texted by unencrypted means. Instead, consider sending a text stating, “Reminder: you have an important appointment soon!” It is generally best to assume interception by other than the intended recipient and word transmissions accordingly.
4. These restrictions only apply to communications we send. The clients are responsible for potential interception of any information they send us, and the Email and Text Communication Consent Form informs them of the risks.
5. However, any texts or emails, once received from patients and clients, are entitled to protections. Generally, they should be immediately deleted or destroyed. You may enter a note into the patient record as to the contents. If you retain a text or email, or incorporate information from it into the client record, it becomes PHI and is entitled to protections.
6. Texts asking “who is this?” or similar inquiries that are received from numbers or addresses used for client/patient communication should not be answered. Doing so – for instance, answering “Shasta County Mental Health” – may divulge protected information to unauthorized recipients.
7. An email address used for client communications should not identify a healthcare component. For instance, [alcoholanddrugprogram@co.shasta.ca.us](mailto:alcoholanddrugprogram@co.shasta.ca.us) or [shastamentalhealth@co.shasta.ca.us](mailto:shastamentalhealth@co.shasta.ca.us) **would not** be appropriate to use for this purpose. However, email addresses like [appointments@co.shasta.ca.us](mailto:appointments@co.shasta.ca.us) or [information@co.shasta.ca.us](mailto:information@co.shasta.ca.us) are neutral enough that they do not identify a recipient as a patient.
8. Inadvertent sending of PHI/PII via unencrypted text or email (whether to the intended recipient or otherwise) should immediately be reported to the Privacy Officer at x5995.
9. Staff may never use personal devices to email or text clients.

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