

Calming Journeys Counseling, S.C.

220 Wisconsin Dells Parkway South, Suite #1, Wisconsin Dells, WI 53965 (608) 448-6418

The following is some general information for you to consider as a consumer of services at Calming Journeys Counseling, S.C. Options for communication with agency staff include phone, e-mail, or text messages.

Our communications regarding your contact with our agency are considered confidential. This authorization is to inform you about the lack of security in communicating through text messages.

The following are examples of **acceptable** communications our agency staff **may** conduct via text messaging:

1. Appointment/meeting scheduling and reminders.
2. Brief information/educational messages to consumers.

The following are examples of communications our agency staff **are not permitted** to provide within text messaging:

1. Identifying information to include full name, address, phone number, social security number.
2. Therapeutic or intervention discussions.
3. Emergency or crisis situations.
4. Sensitive or adverse outcome information.
5. Any information considered to be PHI (Protected Health Information).

Staff will respond to text messages when available during normal business hours, 8 a.m. to 4:30 p.m., Monday through Friday, excluding holidays and time off, only using the acceptable guidelines described above.

Text messages should not be used at any time for urgent matters. If you have an immediate need during business hours please contact the general agency number between 8 a.m. and 4:30 p.m. at **(608) 448-6418** to request assistance. In the case of an after-hours emergency, call the Calming Journeys Crisis After Hours line at **(608) 472-2421**. You may also contact the National Crisis Line at **1-800-533-5692**.

Information that we use or disclose based on this authorization may be subject to re-disclosure by anyone who has access to your phone and may no longer be protected by Federal privacy rules. You acknowledge if you choose text messaging as a means of communication with department staff that you have been informed about the lack of security of text messages. Your signature here affirms that you have reviewed this information regarding text messages to staff at Calming Journeys Counseling, S.C., you consent for staff to contact you at the number you provided, and that you understand the limitations of communication through texting.

- I agree to text communication as defined in the guidelines above.**
- I decline text communication at this time and understand I have the option to use text in the future.**

Client Name (Print)

Client Signature/ Date

Parent/Guardian Signature (if under 18)/ Date

Provider Signature/ Date