

**BRIGHAM HEALTH**



**BRIGHAM AND WOMEN'S**  
Faulkner Hospital



**FAMILY MEMBER/FRIEND OF PATIENT -  
CONSENT TO RECEIVE TEXT MESSAGE  
COMMUNICATIONS**

For your convenience, Partners HealthCare offers its patients a "Family Member/Friend" Text Message Service that would provide updates to you regarding their care.

If you wish to receive text message updates regarding the care of your family member/friend, please read and sign the following consent:

- I understand texting over mobile/cell phones carries security risks because text messages to mobile/cell phones are not encrypted. This means that information you receive by text message could be intercepted or viewed by an unintended recipient, or by your mobile/cell phone provider or carrier.
- I understand that I am responsible for all fees charged by my carrier's service plan for text messaging. Partners HealthCare and affiliates are not responsible for any increased charges, data usage against plan limits or changes to data fees I may be charged from text messaging.
- I understand that I may decide to opt out of this texting program at any time by replying by text "STOP".
- I understand it is my responsibility to update my mobile/cell phone number that is listed below.

I understand the risks and other information covered above and wish to receive text message updates about \_\_\_\_\_

Name of patient (please print)

X \_\_\_\_\_

Signature of Text Message Recipient

Date

\_\_\_\_\_  
Printed name of Text Message Recipient

\_\_\_\_\_  
Mobile/Cell Phone Number

\*\*\*\*\*

I would like the above individual to receive text messages about my care. I understand that texting has security risks as explained above. Texts will not contain my name.

X \_\_\_\_\_

Signature of Patient

Date