TIM DALLACQUA, MSW, LCSW

Licensed Clinical Social Worker · Individual Teletherapy · Montana

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Consent to Use Text Messaging

Acknowledgment of Privacy Limitations

PURPOSE OF THIS FORM

This form explains the privacy limitations of text messaging (SMS) as a method of communication between you and Tim Dallacqua, MSW, LCSW. Please read it carefully before signing. Signing this form is voluntary. If you choose not to sign, we will communicate by phone call or through Proton Mail (secure encrypted email).

WHAT YOU NEED TO KNOW ABOUT TEXTING

Standard text messaging (SMS) is NOT a HIPAA-compliant method of communication. This means that text messages sent between your phone and your therapist's phone may not be fully private or secure. Specifically:

- ☐ Text messages may be stored by your mobile carrier and could potentially be accessed by third parties.
- ☐ If your phone is shared, lost, or accessed by others, your messages may be seen.
- ☐ Text messages are not encrypted end-to-end in the same way as secure clinical messaging platforms.
- ☐ There is no guarantee of confidentiality once a text message leaves your device.

HOW TEXTING WILL BE USED

If you consent to text messaging, it will be used only for limited, non-clinical communication such as: appointment scheduling and reminders, brief logistical questions (e.g., running a few

minutes late), and general contact to reach your therapist's office. Text messaging will NOT be used for: clinical discussions, crisis situations, sharing diagnoses or treatment information, or any communication that requires confidentiality. In a crisis or emergency, please call 988 (Suicide & Crisis Lifeline) or 911.

YOUR RIGHTS

You may withdraw this consent at any time by notifying Tim Dallacqua in writing or verbally during a session. Withdrawing consent will not affect your treatment in any way. You are not required to use text messaging to receive services.

CLIENT ACKNOWLEDGMENT AND CONSENT

By signing below, I acknowledge that I have read and understood the information above. I understand that text messaging is not HIPAA-compliant and may not be fully private. I voluntarily consent to communicate with Tim Dallacqua, MSW, LCSW via text message for the limited purposes described above, and I accept the associated privacy risks.

_____ _____

Client Signature Date

_____ _____

Client Printed Name Date of Birth