

OPEN DOORS FOR LANARK CHILDREN AND YOUTH

CONSENT TO TRANSMIT INFORMATION VIA MESSAGING



CLIENT NAME: _____

DATE OF BIRTH: _____

AGENCY CLIENT ID: _____

I am requesting and agreeing to the use of text messaging and email as a way to communicate with OPEN DOORS FOR LANARK CHILDREN AND YOUTH.

I understand the information and agree with the following:

- Text/Emailing must be used with caution.
- Text/Emails should not include personal information.
- I am aware that text messaging and emailing is not confidential and all information transferred by text/email becomes the property of the cellular service/email provider, falling under the cellular/internet service provider's policies and legislative requirements regarding information.
- I understand that OPEN DOORS STAFF MEMBERS do not monitor their cellular phones/email for texts/messages regularly and not at all during non-working hours.
- Text messaging/emailing OPEN DOORS will not provide an immediate response. If I need to contact OPEN DOORS quickly (to request help or services in time of emergency or crisis) I will telephone the main office.
- I understand that at OPEN DOORS FOR LANARK CHILDREN AND YOUTH, there is **NOT** a 24 hours Crisis Service and someone is **NOT** always available to help if my worker is unavailable
- If I am experiencing a crisis or emergency after regular business hours, weekend or holiday, I will seek service from an emergency service such as a hospital Emergency Room or Kids Crisis Helpline.
- **Text messaging or emailing with OPEN DOORS should only be used for planning, confirming, canceling and rescheduling of appointments.**

"TEXTING" INCLUDES text messaging, email via cellular telephones, video chat via cellular phone and any other related cellular phone communications.

"Email" INCLUDES Email via Cellular Telephone or Computer, Email Provider Services and any other email communications

FIRST/LAST NAME OF CLIENT: _____

CLIENT EMAIL _____ CLIENT CELL: _____

PARENT/GUARDIAN (Where Applicable): _____

PARENT/GUARDIAN EMAIL: _____ CELL: _____

WORKER / WITNESS NAME: _____

DATE OF SIGNATURE: _____

This consent ends upon service completion or earlier upon service participant request.