

CONSENT TO USE ELECTRONIC COMMUNICATIONS

You have the choice to send/receive communication with Nicollet County Health & Human Services. You may choose email and/or text message. If you want to use email and/or text messaging to talk with Nicollet County Health & Human Services, please fill out and sign this consent form.

My name is: _____ My date of birth is: _____

- I work with Nicollet County Health & Human Services. I give permission to Nicollet County Health & Human Services to communicate with me electronically about my case(s). They may contact me using the following service(s):

Email: _____

Text Message: _____

Text messaging is unavailable for Child Support, Child Care Assistance, Collections, or Eligibility Units

- I understand that I must keep my phone and computer private. I accept that I am responsible for restricting access to my selected service(s). My cellphone provider for Text message and/or data might charge me fees. I understand that I am responsible for any charges from my cellphone service provider.
- I understand that if Nicollet County Health & Human Services is unable to reach me at my selected service(s), Nicollet County may stop communicating with me through that service.
- I understand that Nicollet County Health & Human Services may also need to call me. My current phone numbers are:

Cell #: _____

Home #: _____

Other/Work #: _____

- I understand that if I change my contact information, or if my selected service is stopped, it is my responsibility to inform Nicollet County Health & Human Services.
- I understand that all forms of communication with Nicollet County Health & Human Services will become part of my permanent case record.
- My consent today applies to all of my cases with Nicollet County Health & Human Services. It will continue until I stop this consent in writing to Nicollet County Health & Human Services.
- Nicollet County Health & Human Services reserves the right to stop sending/receiving communications via email and/or text messaging at any time.

- I acknowledge that by using email and/or text message there may be various technicians or administrators who maintain these services. The technicians may see the content of email and/or text messages. If you use your work email to communicate with Nicollet County Health & Human Services, your employer may access those email communications.
- I understand there are risks in using email and/or text messaging to communicate with Nicollet County Health & Human Services. These risks may include, but are not limited to, confidential information being seen or overheard by others. While Nicollet County Health & Human Services makes every effort to keep information secure, Nicollet County Health & Human Services cannot guarantee that electronic communication is 100% safe and protected. Should you choose to email and/or text message with Nicollet County Health & Human Services, you agree that you are entering into electronic communication with full knowledge of the risks therein.
- I understand that if I fail to maintain the security of and/or restrict access to my selected service(s), and information is seen by others, Nicollet County Health & Human Services is not in violation of the Health Insurance Portability and Accountability Act (HIPAA), the Minnesota Data Practices Act (Minnesota Statutes Chapter 13), and/or the Nicollet County Data Practices Policy. If I fail to maintain the security of and/or restrict access to my selected service(s), and information is seen by others, I hereby release Nicollet County from all liability. I acknowledge that I may not sue Nicollet County.
- I acknowledge that Nicollet County employees are not available after business hours or when employees are out of the office. For after hours or emergency assistance, the on-call Nicollet County worker may be reached by calling the Nicollet County Sheriff's Office non-emergency phone number at (507) 931-1570, and asking for the on-call worker. The Sheriff's Office will then call the on-call worker.

By signing below, I acknowledge all information contained herein, I understand the limits of confidentiality, and I consent to electronic communications with Nicollet County Health & Human Services.

Signature

Date

Signature of Parent/Guardian
(if participant is under 18 years old)

Date