

Texting			
Manual	Administration	Policy Number	100.705.1
Effective Date	11/10/2015	Last Review	
Distribution	All		
Purpose	To establish agency authority to regulate texting between employees and clients; and to establish employee accountability for proper documentation concerning texting and effective protection of personal health information.		
Formulated By			
Job Title	Director, Administrative Services		
Division:	Administrative Services		
Approval			
Kevin Hughes Digitally signed by Kevin Hughes DN: cn=Kevin Hughes, o=District Health Department #10, ou=Administration, email=khughes@dhd10.org, c=US Date: 2015.12.01 09:42:18 -05'00'			
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File Name	AS_POLICY_Texting_2015-11-10		
References			
- Text Messaging Consent Form			

Texting

I. Policy Statement

- A. To ensure compliance with privacy laws and to protect confidential information, District Health Department #10 has the responsibility and authority to establish policies and rules to regulate text messaging or texting between employees and clients.
 - 1. Select employees will be issued Agency-owned cell phones for the purpose of communicating with clients via texting.
 - 2. Text messages may be sent to clients with Agency-owned phones only. Texting clients on personal phones is not permitted.
- B. Employees will complete training on appropriate and inappropriate disclosure of personal health information (PHI) before they are permitted to text clients.
- C. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is the fundamental authority and primary guidance on all matters governing client communications and texting. Violations of the Act's requirements may result in fines or legal repercussions. This policy and any procedures or rules associated with it will be modified or edited to ensure effective compliance with HIPAA and any administrative rules changes or legal precedents concerning the Act's proper application or interpretation.

II. Procedure

- A. Appropriate Usage
 - 1. Only Agency-issued cell phones may be used when communicating with clients.
 - 2. Only texts concerning appointment scheduling, cancelling, confirming, or reminders are permitted.
 - 3. PHI – other than client first name and staff name – may not be included in texts to clients. If a client chooses to disclose PHI via text message, the staff must respond with a phone call or schedule a home visit, but not via text message as this is outside the scope of appropriate text usage for home visit staff. (See *Documentation Requirements*.)
- B. Documentation is required to establish and maintain accountability for the protection and integrity of PHI per HIPAA guidelines.
 - 1. Consents: All clients who elect to use text messaging as a form of contact and/or communication must complete and sign the *Text Messaging Consent Form*.
 - a. Consent is valid only if the signed form is entered in the Electronic Health Record (EHR) under the admissions tab.
 - b. Home visit staff may not communicate via text message with any client that does not have a valid, signed consent form properly recorded in the EHR.
 - 2. PHI: All texts containing PHI other than client first name and staff name must be documented in the case management portion of the EHR.
 - a. The documentation must include a verbatim account of the exchange including date and time.
 - b. PHI texts must be deleted and not stored on the mobile device or any cloud-based or back-up storage solution.
 - 3. Complaints should not be addressed via text messaging.

- a. If a complaint is received via text, a complaint form must be completed with documentation of the date and time of the text.
 - b. Follow-up to a texted complaint is to be accomplished via phone or in-person.
- C. Communicating through text messages should be confined to the usual business hours of 8:00 a.m. to 4:30 p.m. unless there are extenuating circumstances and the program Supervisor or Director has approved a different work schedule
- D. Common courtesy and client confidentiality must be considered when using text messaging for client communications.
 - 1. When meeting with a client, staff should not read or send texts from or to others.
 - 2. Texts should not be read or sent in situations where unauthorized persons could potentially view the content.

III. Definitions

- Protected Health Information (PHI): Any identifiable information created or received by a healthcare provider, health plan, employers or healthcare clearinghouse, which relates to the:
 - Past, present, or future physical or mental health of the individual
 - Provision of care to this individual and/or
 - Payment for his or her care
 - PHI includes, but is not limited to:
 - Client personal and demographic information
 - Medical records
 - Reports
 - Data
 - Information relating to diagnosis, prognosis and treatment for physical and mental illness, mental health, substance abuse, communicable diseases and infections, and other conditions, ailments, sicknesses and diseases, including HIV infections and AIDS
- Health Insurance Portability and Accountability Act (HIPAA): A United States law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other healthcare providers.
- Texting: a message typed on an electronic keyboard sent over a cellular network from one cell phone or mobile device to another.

IV. Additional Authority

- Health Insurance Portability and Accountability Act of 1996

V. Citations

- Documentation Requirements
- Text Messaging Consent Form
- Electronic Health Record
- Complaint Form