|  |
| --- |
|       |

***North Carolina Infant-Toddler Program***

***Consent to Receive Text Messages***

|  |  |  |
| --- | --- | --- |
| 1. By signing below, I authorize the
 |       | Children’s Developmental Service |

Agency (CDSA) to contact me by SMS (Short Message Service) text message for appointment reminders and *DocuSign* links.

I understand that message/data rates may apply to messages sent by this CDSA under my cell phone plan.

1. Information included in text messages may include my child’s first name, date/time of appointments, name of the EISC (Early Intervention Service Coordinator)/other service provider, EISC/provider phone number, link to *DocuSign* to access documents requiring parent/caregiver signature, or other pertinent information.
2. I understand that text messaging is not a secure format of communication. There is some risk that personally identifiable information, protected health information, and/or other sensitive or confidential information contained in such text may be misdirected, disclosed to, or intercepted by unauthorized third parties.
3. I understand that if I fail to specify an expiration date or condition, this consent is valid for the period of time needed to fulfill its purpose for up to one year.
4. I know that I am under no obligation to consent for the CDSA to send me text messages. I may “opt-out” of receiving these communications at any time by dating and signing the revocation section. I further understand that any action taken on this consent prior to the rescinded date is legal and binding.

|  |  |
| --- | --- |
| 1. My text/mobile phone number is
 | (   )      -      |

1. By signing below, I indicate I am the primary user for the mobile phone number listed above, I accept the

|  |  |
| --- | --- |
| risk explained above, and consent to receive text messages from  |       |

CDSA staff to the phone number that I have provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|       |       |       |  |       |  |
| Child’s First Name | MI | Last Name |  | DOB |  |
| Parent/Guardian Signature: |       | Date: |       |  |
| Address:  |       |  |
| City/State/Zip Code: |       |  |
| Witness: |       |  |
|  |  |

|  |
| --- |
| **REVOCATION SECTION** |
| I do hereby request that this release be rescinded, effective |       |  |
|  | *(Date)* |  |
| Parent/Guardian Signature: |       |  |
| Date: |       |  |  |
|  |  |  |  |