

**GUIDELINES AND CONSENT FOR TEXT MESSAGE CORRESPONDENCE  
FOR RESEARCH PARTICIPANTS**

**1. Purpose.** By signing this form, you agree that we may communicate with you by text message. This form identifies some of the risks of text message use, provides guidelines for its use, and documents your consent.

**2. Text Message Risks.** Text Messages can be inadvertently misdirected by the sender or intentionally intercepted by third parties. The University of Minnesota cannot and does not guarantee the confidentiality of text messages, nor is it responsible for text messages that are lost due to technical failure during composition, transmission and/or storage.

**3. Privacy and Confidentiality.** Text messages are an insecure method of communication. The content of a text message may be viewed by any person who has access to your phone. Text messages that you send us may be viewed by other staff depending on the nature and timing of your messages, and may be monitored by the University to ensure appropriate use. Text messages may be viewed by your employer if you are using a work phone. Different University staff may view and process text messages depending on the time of day you send them, or when your typical point of contact is not available. Communication by phone, postal mail, and Secure E-mail are considered secure. You should consider using these forms of communication.

**4. Content.** Text messages should be used only for non-sensitive and non-urgent issues. You should limit the amount of health information in your text messages to us to the minimum necessary.

**5. Ending Text Message Communication.** This authorization does not have an expiration date. We may discontinue using text message as a means of communication with you by notifying you by text message or letter. You may discontinue using text messages as a means of communication by notifying us by e-mail to [privacy@umn.edu](mailto:privacy@umn.edu) or by letter to:

Health Information Privacy & Compliance Office  
410 ChRC (MMC 501)  
426 Church Street SE  
Minneapolis, MN 55455.

**6. Authorizing Signature.** I am the research participant or personal representative authorized to act on behalf of the participant. I have read and understand the information regarding guidelines for text message correspondence and had any questions answered to my satisfaction. By signing and providing my contact information below, I agree to communicate by text message using the phone number below:

\_\_\_\_\_  
Signature of research participant or  
legally authorized representative.

\_\_\_\_\_  
Phone number for SMS communication

\_\_\_\_\_  
Printed name of research participant or  
legally authorized representative.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of legally authorized representative's authority to act on behalf of the research participant.