SMS/MMS TEXT MESSAGING OPT-IN CONSENT FORM

Purpose

The Jefferson County Board of Developmental Disabilities offers optional text messaging to assist with communication between Service and Support Administrators (SSA), staff, providers, individuals served, and their parents/guardians.

Text messages may be used to communicate information such as:

- Appointment reminders
- Scheduling changes
- Service coordination updates
- Requests for information related to services
- Other case management communication

Text messaging is intended for **non-emergency communication only** and is used primarily **during business hours**.

Resources

You can access and review all Jefferson County Board of Developmental Disabilities' Privacy & Security policies, practices, and standards by visiting jcbdd.com and navigating to the Privacy tab.

For more information, please visit our Privacy Policy at https://www.jcbdd.com/wp-content/uploads/2026/03/Notice-of-Privacy-Practices-1.pdf and our Terms & Conditions at https://www.jcbdd.com/wp-content/uploads/2026/03/SMS-MMS-Text-Messaging-Opt-In-Consent-Form-3.pdf.

Consent to Receive Text Messages

By signing below and providing your phone number, you consent to receive conversational messages from the Jefferson County Board of Developmental Disabilities. Message frequency may vary, typically averaging 1–2 messages per day, and message and data rates may apply. To opt out of receiving messages, reply STOP at any time; for assistance, reply HELP. For more information about how your data is handled, please review our [Privacy Policy].

You understand and agree that:

- Participation in text messaging is **voluntary**.
- Message frequency may vary depending on service needs.
- **Message and data rates may apply** according to your mobile carrier plan.
- You may **opt out of text messages at any time** by:
    - Contacting your SSA or the Board directly.
- For assistance, you may contact your SSA or the Board at **740-264-5812**.
- Your phone number will **only be used for service-related communication** and will not be shared for marketing or promotional purposes.

Contact Information

Individual Name: _____

Parent/Guardian Name (if applicable): _____

Mobile Phone Number: _____

Preferred Contact Person (if different): _____

Consent

☐ I agree that the **Jefferson County Board of Developmental Disabilities** can send and receive text messages to service and support team members for purposes related to service coordination and case management.

☐ I agree to receive text messages from the **Jefferson County Board of Developmental Disabilities** related to services and case management.

☐ I do **not** wish to receive text messages.

Signature: _____

Printed Name: _____

Relationship (if guardian): _____

Date: _____