

The Center for Learning and Psychological Services



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**Digital Communication – HIPAA & TCPA Compliance**

*Unencrypted Text Message, Email Language, Voicemail and Video Conference*

We offer helpful administrative information via text messaging, emails, phone and conduct some video appointments. There is some level of risk, that information in a regular text message or email could be read by someone besides you. Please indicate below your communication preferences.

\_\_\_\_\_ **YES** – please communicate with me by **email**. My email address is:

\_\_\_\_\_ **NO** – please do not communicate with me by regular (unencrypted) email

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\_\_\_\_\_ **YES** – please communicate with me by **text** message. My cell phone number is:

\_\_\_\_\_ **NO** – please do not communicate with me by regular (unencrypted) text message

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\_\_\_\_\_ **YES** – I give permission for unencrypted **video** appointments.

\_\_\_\_\_ **NO** – please do not schedule video appointments with an unencrypted platform.

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\_\_\_\_\_ **YES** – I give permission for **voicemail** messages to be left on the phone number on file.

\_\_\_\_\_ **NO** – please do not leave voicemail messages.

I am aware of the risks associated with digital communication and allow The Center for Learning and Psychological Services (CLPS) to contact me as indicated above. It is my responsibility to alert CLPS in writing of any changes to my contact information or if I want to opt-out of these options.

PRINT Client Name: \_\_\_\_\_

**And** Guardian name (if applicable)

\_\_\_\_\_ Date: \_\_\_\_\_

Client and/or Guardian Signature