



## Hudson Valley Community Services (HVCS) Client Communication Consent

HVCS is dedicated to protecting the privacy and confidentiality of your information. You have the right to request (under HIPAA) how Hudson Valley Community Services may communicate with you. Please complete the following form to clarify how we may contact you. Please check one box per preference.

### Medical Information

Yes No

Voicemail (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (OK to reference HVCS in message)

Mail (using address on file)

Mail using discretion (envelopes that do not have the HVCS name or logo)

Text Messaging (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (OK to reference HVCS in message)

**I understand that email communication and text messaging is not a completely secure means of communication because these messages can be accessed improperly while in storage or during transmission.**

Email \_\_\_\_\_

**I understand that email communication and text messaging is not a completely secure means of communication because these messages can be accessed improperly while in storage or during transmission.**

### Non-Medical Information

Yes No

Voicemail (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (OK to reference HVCS in message)

Mail (using address on file)

Mail using discretion (envelopes that do not have the HVCS name or logo)

Text Messaging (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (OK to reference HVCS in message)

**I understand that email communication and text messaging is not a completely secure means of communication because these messages can be accessed improperly while in storage or during transmission.**

Email \_\_\_\_\_

**I understand that email communication and text messaging is not a completely secure means of communication because these messages can be accessed improperly while in storage or during transmission.**

***You are not required to authorize the use of voicemail, mail, or email, and declining these types of communications will not impact the services you receive from HVCS in any way. You may change your communication preferences at anytime by completing a new form and submitting it to your HVCS Worker.***

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature