

*Alternatives in Counseling, Inc.*

**Confidential**

**Client/Patient Technological Communication Agreement**

Technology offers an easy convenient way for clients and clinicians to communicate. It has advantages in many circumstances however there are some limitations to using it. Technological Communication includes but is not limited to, text messaging, emails, phone calls and voicemails. Below are our guidelines for communicating with us via technology.

**Technology Communication:**

- is never, ever, appropriate for urgent or emergency problems! Please use the telephone or go to the nearest hospital.
- is not the same as a conversation in our office. There is no way of being certain when your message will be received, your counselor could be out of office, on vacation, etc.
- is for little questions such as referrals, appointment scheduling requests and billing insurance. These are all appropriate topics to communicate via technology.
- should not be used to communicate sensitive medical/clinical information regarding mental health, developmental, disability, substance abuse, STDs and HIV/AIDS.
- is not a substitute for seeing your therapist. If you think you might need to be seen, please call and set an appointment.
- may become a part of the medical/clinical record when we use it a copy may be printed and put in your chart.
- may be forwarded to my office staff for handling, if appropriate.
- permission can be revoke by either of us at any point.
- is NOT confidential. It is like sending a postcard through the mail, staff may read your communication to handle routine non-clinical matters.

I hereby give my permission to disclose appointment and/or billing information about me to the following people: (please print name, relation and telephone number on line provided)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

We will take every precaution to safeguard your information but cannot guarantee that unauthorized access to electronic communications could not occur. Please be advised to take your own precautions with technology.

I have read the above information and understand the limitations of communicating via technology.

I DO want to communicate with my clinician electronically.

Client Patient: PRINT X \_\_\_\_\_ Date: \_\_\_\_\_

Client Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_