



### **Electronic Communications Policy**

Many of the methods used in electronic communication put your privacy at risk and can be inconsistent with the law and standards of the mental health profession. This policy seeks to assure your security and confidentiality of your treatment and to ensure consistency with ethics and the law. If you have any questions about this policy, please feel free to discuss this with me.

**Email Messaging:** I will use email messaging only with your permission and only for administrative purposes (such as scheduling appointments and billing questions). Please do not use email to communicate with me about confidential matters. If you need to discuss a matter with me between sessions, please call and let me know the best time and phone number to reach you. Telephone and face-to-face communications are much more secure modes of communication and will not place your information and privacy at risk.

**Social Media:** I do not communicate with or contact my clients through social media platforms like Twitter and Facebook. If I become aware that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

**Websites:** You are free to access my website for blogs and interesting articles. I use it for professional reasons and to provide information to people about my practice. You are welcome to review the information I have on my website and, if you have any questions about what you read, we can discuss them during therapy sessions.

**Web Searches:** I will not use web searches to gather information about you without your permission. I believe this would infringe on your privacy rights. However, I understand that you may choose to gather information about your therapist and my practice this way. If you encounter information about us through web searches or in any other matter, please discuss this with me during our time together so we can discuss its potential impact on your treatment.

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Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature if patient is under 18

\_\_\_\_\_  
Date

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