Electronic Communication Policy

Client Name: ________________________________

The purpose of this policy is to clarify the use, limitations, and risks of electronic communication during your treatment at Lorena Lewis Counseling Services, Scorp. Many forms of electronic communication can put your privacy at risk. Our goal is to communicate with you in ways that safeguard therapeutic boundaries, assure the security and confidentiality of your treatment, and are compliant with ethics and laws. Please read this policy carefully, and if you have any questions, please discuss them with your clinician.

Email and Text Communications
Lorena Lewis, LICSW does offer email and/or text communication, she will do so only with your permission, and only for administrative purposes. Therefore, email exchanges and text messages with Lorena Lewis, LICSW should be limited to things like setting and changing appointment times, notifying your clinician if you are running late to a session, and simple billing matters.

Due to limitations in security, please do not email or text your clinician about clinical matters. All emails are stored in the logs of Internet service providers and/or employers. While it is unlikely that these logs will ever be reviewed, they are nevertheless available to be read by system administrator(s). If you choose to communicate with Lorena Lewis, LICSW via email, please be aware that any emails received from you, and any responses sent to you, become part of your clinical record.

If you need to discuss a clinical matter with your clinician, please call her directly, or wait to discuss it in your next session. The telephone and face-to-face context are the most secure modes of communication.

Website and Blog
Lorena Lewis, LICSW has a professional website that is available to provide information about her services, as well as to educate and provide resources. In order to protect your privacy, we have disabled the ability to leave comments on website. If you have questions or feedback about any of the information we share on the website or blog, please discuss them during your appointment time with your clinician.

Social Media
Any social media accounts created and maintained by Lorena Lewis, LICSW (such as a Facebook page, Twitter, or YouTube account) are for sharing practice updates, and educational videos and other resources. Clients may choose to follow or not follow the postings of these social media sites.

Lorena Lewis, LICSW does not have any social media accounts for client use.

Lorena Lewis often participates personally on various social networks like Facebook, Twitter, YouTube, Instagram, and LinkedIn. However, she does not engage with any current or previous clients through these social media platforms as casual social contact could create significant security risks for clients and have the potential to compromise the professional relationship. Other standards include:

- Clinicians do not accept friend requests from current or previous clients on social networking sites.
- If your clinician discovers that she has accidentally established an online relationship with you, she will cancel that relationship.
- If you have an online presence, there is a possibility that you may encounter an online presence by accident. If that occurs, please feel free to discuss it with your clinician during your time together.
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Client Name: ____________________________________________

- If you contact your clinician on social networking sites, your clinician will not respond.

- Your clinician will not “follow” or review their clients’ personal online social networking activities. However, if there are aspects of your online life that you wish to share with your therapist, please bring those to session with you where they can be discussed together.

Web Searches and Online Reviews
Lorena Lewis, LICSW will not use web searches to gather information about you without your permission as we believe this violates your privacy rights. However, we understand that you might choose to gather information about your therapist in this way. There is a lot of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about your Lorena Lewis, LICSW through web searches, please feel free to discuss this with her during your session.

Recently it has become popular for clients to review their health care providers on various websites. Unfortunately, mental health professionals are not allowed to respond to such comments, or correct any errors, because of confidentiality restrictions. If you encounter such reviews of your therapist, please feel free to share them with us so we can address any concerns. In order to protect your confidentiality, we suggest you do not “rate” our work online, but discuss both positive experiences and concerns directly with your clinician.

Emergency Assistance
Please do not contact your clinician via chat or messaging on sites such as Facebook, LinkedIn, Twitter, etc. Not only are these forms of communication not secure, your message might not be received in a timely fashion or may not be received at all. Should you need help or require contact between sessions, please contact your clinician via telephone. If you have an emergency, please call 911 or go to your nearest emergency room and ask for the psychiatrist on call.

Acknowledgment of Receipt and Permissions
I understand that I may change or revoke any or all of my permissions at any time in the future, simply by discussing it with my clinician and signing a new Electronic Communication Policy. I have read and understand the Electronic Communication Policy. I agree to the statements herein. This document was discussed with me and any questions I had were answered fully.

______ I agree ______ do not agree to use texting as a way to communicate with my clinician for administrative purposes only.

______ I agree ______ do not agree to use email as a way to communicate with my clinician for administrative purposes only.

_________________________ _________________________
Printed Name of Client / Personal Representative  Client Signature (age 13 and older)  Date

_________________________ _________________________
Parent/Guardian Signature  Date  Clinician Signature  Date