

# New Client Consent Documents

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*\* indicates a required field*

## What to Expect

Our initial consultation call was an opportunity for us to meet, identify the issues or topics you wish to address, and set up a tentative schedule for future sessions. This will be further explored in our first two sessions together. (Note: These and all sessions moving forward are paid sessions.)

Before our Intake Session (first session) I do require that the ALL NEW CLIENT DOCUMENTS BE COMPLETED at least 24 HRS IN ADVANCE, otherwise this session may be rescheduled or canceled.

In subsequent sessions we will work collaboratively to directly address the issues or topics identified. Please be aware that in order to thoroughly track important content, helpful tools and ideas for future tools or activities, etc I may take notes in the session.

In addition, our work together will be most useful to you through your active participation both during and between sessions, by continuing to utilize the techniques we go over.

Please note, if you or I believe that the nature and content of our sessions requires expertise outside of my competency, I may either recommend or require that you be referred to another professional who has the specialized training and qualifications to address your needs. If such a need arises though I will make every effort to support you through this transition in any way I can and connect you with the best resources possible.

## Length and Location of Sessions

Initial Intake Session - 60 minutes

Follow up Session - 55 minutes (standard) or 30 minutes (if scheduled in advance)

The number and frequency of sessions will be largely determined by your personal and/or performance schedule, as well as the type and depth of issues or topics being addressed.

Sessions are primarily conducted in my office or virtually though can also be conducted in a variety of settings – including outdoor areas. This will depend on the degree of privacy you wish to maintain and your schedule and will be determined collaboratively.

# Referrals & Additional Resources

My primary goal is to help you accomplish your goals. Therefore, if I believe that you may benefit from the services of another provider or specialist (e.g., physical therapy, nutrition) either in conjunction with or instead of my services, I will assist you in connecting with these resources. However, you may always decline any additional recommended services, or choose to find a provider outside of those presented to you by Mental Gear Closet.

ESA LETTERS: An ESA (Emotional Support Animal) can be a great additional to your coping and healing. However, given the increased prevalence of individuals who utilize ESA status as a tool to access personal amenities outside of a pure mental health intention, I do not write ESA letters unless most or all of the following criteria are met AND it is inline with my clinical judgment to do so:

- Ongoing weekly therapy sessions with this provider.
- Clear and direct benefits of the support animal on the mental health outcomes identified in session.
- Other therapeutic tools are also being actively used and learned in session.
- Heightened severity of symptoms or difficulty with successful use of other coping tools.
- ESA letters, when written, will be done so in session.

## Insurance

I currently accept Cigna, Aetna and United Health insurance though am out of network with all other carriers. Note: I do NOT accept EAP benefits. If you currently have Cigna or United, note that your specific plan's behavioral health benefits may or may not cover this service. While I and/or my billing team will run an eligibility and benefits check, it is also recommended that you contact your insurance provider and confirm that I am an in-network provider AT THE 410 9TH STREET, GOLDEN ADDRESS, and that your plan covers outpatient mental health services.

Note: Insurance carriers often do not pay for the following: late cancellation or no-show session fees, shortened sessions (less than 16 minutes), case management, ESA letter writing, phone calls outside of session, etc. Therefore, these are out of pocket services.

It is your responsibility to alert me if you plan on using your insurance benefits, and/or if your benefits change over the course of working together (begin with a new carrier, change carriers, terminate coverage, etc). Note: If your insurance company refuses to pay compensation for sessions due to a lapse or termination of coverage, a clawback claim, etc it will be your responsibility to pay the full session fee as detailed below.

If you will be using your out-of-network benefits or require a Superbill, please request this and one will be provided. These can also be generated automatically and sent to your email monthly.

I am not a Medicaid provider. If you have Medicaid coverage that includes mental health services, I am not able to offer mental health services to you.

If, for any reason, your insurance company, HMO, or other third party payor does not compensate me for the services I provide, you are solely responsible for full payment of my fees. In addition, signing this form gives me permission to communicate with your insurance company, HMO, other third-party payor, collection agency, or anyone connected to your therapy funding source regarding payment. Your insurance company may request information about the services I provide, including but not limited to a diagnosis, description of services or symptoms, treatment plan or summary, and in some cases, your entire client file. Once your insurance company receives such information, I have no control over the security measures the insurance company uses to protect the information or whether the insurance company shares the information. You may request a copy of any report that I submit to your insurance company on your behalf. In these situations, I will try to release the minimum information necessary.

## Fees and Payment

\$180 Initial Intake Session (60 minutes allotted)

\$140 Individual sessions (55 minutes allotted)

\$70 Designated/pre-scheduled half hour sessions: for brief check-ins only, following intake and first session.

\$30 / 15+ min phone calls, emails, case management and related services (rounded to nearest 15 minutes) NOT covered by insurance; cash pay required.

\*Note: These are the cash pay rates. If you are using insurance, then your insurance carrier will determine what you pay per session.

If you are using insurance and use less than 16 minutes of your session, then you will be charged out pocket at \$60 and this payment will not contribute to your deductible/OOP max. (This is due to the heightened possibility that your insurance company will not pay for this shortened session length. More information can be provided upon request.)

If you become involved in legal proceedings, I charge \$400 per hour for services related to your legal matter. You will be responsible for paying for any professional time I spend on your legal matter, even if the request comes from another party. Professional time spent on your legal matter includes, but is not limited to: attorney fees that I may incur in preparing for or complying with the requested legal services; testimony related matters such as case research, report writing, travel, depositions, actual testimony, cross examination, and courtroom waiting time.

All payments are collected via check or automatic payments set up through your Simple Practice - Client Portal. If using your online account, which is recommended, the session fee is charged to you automatically at the end of the day in which your session was received.

All payments not covered by your insurance will be charged to the credit card on file or invoiced to you directly.

Payments should be submitted within one calendar week of the received session to be considered on time. After 14 days of non-payment, a 5% late fee may be added to the session fee. If two separate late payments are withstanding, you may be asked to suspend future services until all financial obligations are resolved. If your account has not been paid for more than thirty (30) days and payment arrangements have not been agreed upon, your account will be considered past due and I have the option of using legal means to secure the payment. This may involve using a collection agency or filing a claim in small claims court. In collection situations, I will make all efforts to release the minimum information necessary to proceed with collections or a claim, which will include the client name, dates, times, and the nature of services, and the amount due. Before I engage a collection agency, I will provide you with written notice of my intent to do so, sent to your last address I have on record, and give you an opportunity to make payment arrangements.

Discounted Sessions and Sliding Scale: My ability to offer a discounted rate or sliding scale is largely dependent on my current availability as well as an in person conversation to better assess the cause and extent of the need. However, please do bring this or any other financial concerns to my attention as soon as possible so we may collaboratively come up with a solution.

## Missed or Canceled Sessions

While I appreciate that sometimes life circumstances may prevent you from keeping an appointment, I kindly ask that you provide notice of a need to cancel or reschedule by 24 hours BEFORE YOUR APPOINTMENT in order to avoid a cancellation fee.

Note: I do NOT provide a "free first cancellation" or other exceptions. This is for several reasons, but most importantly because doing so would put me in a position to subjectively choose whose reason for cancelling is "better" or "more important" than others. Therefore, to be as objective and fair as possible I use a "birth or death" policy; if a family member or close friend is either born or passes away, the late cancellation will be waived at no charge.

Also note that sessions must be started NO MORE THAN 10 minutes LATE, after which it will be counted as a No-Show session and charged accordingly. I have found that starting later than this often makes it very difficult to have a full and productive session.

Late cancellation: Sessions canceled or rescheduled with LESS THAN 24 HOURS but more than 10 minutes prior to session will be charged \$75.

No-show: If session is cancelled 15 min or less before to the appointment time OR not begun within 10 min of the start of the designated session time, it will be cancelled and/or rescheduled and charged the full session out of pocket fee (see above for current rate).

Repeated cancelled sessions: The consistency of therapy, at whatever frequency you and Alexandra collaboratively decide is most appropriate (e.g., weekly, biweekly, monthly), is very important to the effectiveness of therapeutic progress. In addition, as clients' session times are very often reserved only for them, frequently cancelling session may be taking away a spot that would otherwise be used to serve another client in need on the waitlist. Therefore, if 3 SESSIONS have been cancelled in a 2 MONTH period of time (on-time, late OR no-show), you may be asked to do one of the following:

- Find a new time or day for appointments.
- Assess whether the current frequency is the best fit, or if it would be appropriate to drop in frequency which may include taking a pause from therapy until a later time.
- Switch to a flexible scheduling plan in which next appointments are scheduled at the end of your current session.

## When and How to Contact Me

Please do not hesitate to email me at [info@mentalgearcloset.com](mailto:info@mentalgearcloset.com) OR my assistant, Kim Murray, at [admin@mentalgearcloset.com](mailto:admin@mentalgearcloset.com). You may also reach me via phone by calling OR texting (720) 735-9194. While I cannot guarantee an immediate response, I make every effort to respond to all email and phone inquiries within 24 business hours between 10am-7pm, Monday - Friday.

In addition, please note that the quickest and most effective way to mutually communicate logistical needs such as changing or canceling sessions, re-establishing care and scheduling new appointments, changing the location of a session (from office to virtual in the case of illness or weather), etc is to do so by TEXT messaging.

The most effective way of communicating more detailed emotional or treatment oriented needs, billing questions, etc is via EMAIL.

In addition, PHONE call may be used if not necessary in order to get in touch quickly, especially if technical issues arise during virtual sessions. Therefore, you are encouraged to use these communications modalities with Alexandra (clinician) and her administrative team, and are consenting to be contacted using these modes of communication as well, addressing any questions or concerns you may have in the first (Intake) session.

Please note that while I make every effort to maintain the privacy of all information

shared via email and phone, I cannot guarantee the complete security of our conversations given the nature of the internet and its other users.

I provide non-emergency therapeutic services by scheduled appointment only. If you are experiencing a true emergency and are unable to contact me by the telephone number provided, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call, or call Colorado's Crisis Hotline at (844) 493-8255 OR 988. I do not provide after-hours treatment without an appointment.

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## Consent to Receive Therapy and/or Performance Enhancement Services

**\*\* I [INSERT YOUR NAME BELOW] understand that I am consenting to receive therapy and/or sport and performance enhancement services from Alexandra Hinton who has received a Masters of Arts in Sport and Performance Psychology from the University of Denver. While the intention of our sessions is to address relevant issues and/or topics in a way which improves my performance and/or satisfaction with my given performance domain, desired results cannot be guaranteed.**

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

I consent to sharing information provided here.

\* **Date**

**Parent and/or Guardian Signature** \_\_\_\_\_

I consent to sharing information provided here.

**Date**

# Confidentiality and Release of Information Agreement

In general, the privacy of communications between a therapist and client is protected by law, and I can only release information about our work together with your written permission. However, there are certain exceptions to confidentiality. These exceptions are listed in the Colorado statutes, C.R.S. §12-245-220.

I am required to disclose information under the following circumstances:

- Situations of suspected or confirmed child abuse or neglect;
- Abuse or exploitation of an at-risk adult or elder, including imminent risk of such abuse;
- If you become gravely disabled and are at risk of serious physical harm or your health or safety are significantly endangered
- Threats of harm to others, including people identifiable by their association with a specific location or entity;
- Threats against a school or the occupants of a school;
- Threats of harm to yourself.

Please be advised that there is no time limit on the mandatory reporting of child abuse. This means that even adult clients who experienced childhood abuse (no matter how long ago) might disclose in therapy past abuse incidents that still fall under the mandatory reporting requirements. The law requires that if there is reasonable cause to know or suspect that the perpetrator has subjected any other child currently under eighteen years of age to abuse or neglect or to circumstances or conditions that would likely result in abuse or neglect and/or is in any "position of trust" with children today then past abuse disclosed by an adult client is required to be reported. If you have questions or concerns about these requirements, please discuss further with me directly.

In situations such as those outlined above, I may be required to take protective actions which may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If such a situation arises during our work together, I will make every attempt to discuss it fully with you before taking necessary action.

In addition, I may disclose confidential information in the course of consultation with other professionals. I will make every effort to avoid revealing your identity in the course of such consultation, and any professional with whom I consult will be legally bound to keep the information confidential. Signing this document gives me permission to consult as necessary. I may also reveal confidential information in the event of an investigation of a complaint or civil suit filed against me or if I am ordered to do so by a court of law. In addition, there may be other exceptions to confidentiality as provided by HIPAA regulations and other Federal and/or Colorado laws and regulations that may apply.

## Recording Sessions (including full and partial)

While I do maintain a formal written client chart, I do not actively record, via audio or video, any part of session.

I also do NOT give my consent to be recorded by any client or other person present in session without their clear disclosure of this AND my active agreement to be recorded. If a client does record any session (full and/or partial) without my awareness and consent, future sessions may be terminated immediately following.

Note: Some clients have found it beneficial to record specific aspects of a given session, such as a customized guided imagery script, etc. This and all other agreed upon recordings should be done with the client's phone whenever possible, and with active consent from all parties present regarding the duration and use of recorded content.

**\* FOR PARENTS/GUARDIANS OF MINORS: Please list the full name (first and last) of all individuals who have legal custody of your child. (If not a minor, indicate N/A.)**

**\* Is there a mandated court order preventing any of the legal guardians listed above to information about your child's care or or that they are receiving care?**

Yes

No

N/A

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

I consent to sharing information provided here.

**\* Date**



## Parent and/or Guardian Signature

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I consent to sharing information provided here.

## Date

## Treatment of Minors

If you are consenting to the treatment of a minor child, you will be required to provide a copy of the most recent Court Order Custody Agreement and/or Parenting Plan, if applicable, that gives you the authority to consent to the treatment of the child. By signing this form, you agree to keep me informed of any supplemental court orders or other proceedings that impact your parental rights, custody arrangements, or decision-making authority. Failure to produce the Court Order will prohibit me from seeing the minor child. If there is joint medical decision-making authority for your child, I will require both parents to consent to treatment and will not proceed until such consent is obtained.

It is beyond the scope of my practice to provide custody recommendations, and any such request will be denied. The Court can appoint professionals who have the expertise to make such recommendations. By signing below, you agree not to subpoena my records or ask me to testify in court or to provide letters or documentation expressing my opinion about custody or visitation. Despite this, a Court may still require me to testify or to provide treatment information to an evaluator. I will comply with these requests as legally required and you will be required to compensate me for time spent providing these services as indicated in the "Professional Fees" section above.

In the course of treatment with your child, I may involve other family members in your child's treatment. However, please remember that my client is your child, not the other family members of the child. Any meetings with you or other family members will be documented in your child's record. These notes will be available to anyone who has legal access to your child's treatment record.

When treating a minor client where there is a custody arrangement between the parents or legal guardians (such as a divorce or separation), it is my policy to communicate with both parents/guardians via email (i.e. all communication will "cc" both parties). This policy is necessary to maintain transparency and professionalism, and to ensure the well-being of the therapeutic relationship with the minor client.

Therapy is most effective when there is a trusting relationship between the therapist and client. Privacy is important in establishing trust, and as a result, it is often important for child or adolescent clients to have a level of privacy around the therapy. It is my policy to provide parents with general information about their child's

treatment, but not to share specific information disclosed during therapy. This includes behaviors that you may not approve of but which do not place your child at imminent risk or danger. If I ever feel that your child is in danger, I will communicate this information to you. By way of example, if your child tells me that s/he has tried alcohol a few times at parties, I will not generally share this with you. If your child shares that s/he has been drinking and driving or riding with a drunk driver, I would share this information with you. If you have questions about the types of information I will share, you can feel free to ask me hypothetical questions about situations that I would or would not disclose to you.

Although you may have the legal right to access any written record I keep, by signing this agreement you are agreeing that your child or adolescent should have privacy around their therapy and you agree not to request access to your child's full record.

## **Interruption of Services – Professional Designee**

In the event that I am disabled, die, or become incapacitated, the following provider will act as my Professional Designee and will have access to my client files: Angela Ward, LCSW. The Professional Designee will contact you to notify you of the event and will assist in continuing your care and treatment with the least amount of disruption possible by providing you with referrals and transferring your client record, if requested, to your new provider. If you are not comfortable with the above listed Professional Designee for any reason, please let me know and we will discuss alternatives.

## **Disclosure Form**

I recognize that I am receiving services from the following:

Alexandra Hinton, LPC

License: LPC.0013081

Mental Gear Closet, LLC

410 9th St., Golden, CO 80401

(720) 735-9194

info@mentalgearcloset.com

The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Professions and Occupations. The Board of Professional Counselor Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

Levels of regulation of mental health professionals in Colorado include licensing (requires minimum education, experience, and examination qualifications), certification (requires minimum training, experience, and for certain levels, examination qualifications), and registration (does not require minimum education, experience, or training.) All levels of regulation require passing a jurisprudence take-

home examination.

As to the regulatory requirements applicable to mental health professionals:

- An Unlicensed psychotherapist is a psychotherapist listed in the State's database and is authorized by law to practice psychotherapy in Colorado but is not licensed by the state and is not required to satisfy any standardized educational or testing requirements to obtain a registration from the state.
- A Certified Addiction Technician must be a high school graduate, complete required training hours, pass the National Certified Addiction Counselor Exam, Level I or an equivalent exam, and complete 1,000 hours of supervised experience.
- A Certified Addiction Specialist must have a bachelor's degree or higher in substance abuse/behavioral health, complete additional required training hours, pass the National Certified Addiction Counselor Exam, Level II or an equivalent exam and complete 2,000 hours of supervised experience. - A Licensed Addiction Counselor must have a clinical master's or doctorate degree, pass the Master Addiction Counselor Exam or an equivalent exam, and complete 3,000 of supervised experience.
- Licensed Social Worker must hold a master's degree in social work.
- Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure.
- Licensed Clinical Social Worker, a Licensed Marriage and Family Therapist, and a Licensed Professional Counselor must hold a master's degree in their profession and have two years of post-masters supervision.
- A Licensed Psychologist must hold a doctorate degree in psychology and have one year of post-doctoral supervision.

Alexandra Hinton is a Licensed Professional Counselor (LPC, Colorado License No. 0013081) with a BA degree from the College of St. Benedict & St. John's University in Psychology, and MA degree from the University of Denver in Sport and Performance Psychology.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your therapy (if known), and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time.

The information provided by you during therapy sessions is legally confidential in the case of licensed marriage and family therapists, social workers, professional counselors, and psychologists; licensed or certified addiction counselors; and unlicensed psychotherapists, except as provided in section 12-245-220 and except for certain legal exceptions that will be identified by your therapist should any such situation arise during therapy.

Your records may be destroyed after seven years, or seven years after turning 18 years old, in accordance with Colorado law.

I have read the preceding information. It has also been provided verbally, and I

understand my rights as a client or as the client's responsible party.

## Requesting of records

By law, you are allowed to request your medical records or any PHI (protected health information) associated with your medical chart. Your records request will be processed and granted in 30 days or less, unless unforeseen circumstances arise which prevent this clinician from honoring this request.

Note that family members (e.g., spouse, parent if you are 18 years or older, sibling, etc) will not have access to this information without a signed Release of Information by you, granting them permission. Even then, only the information that you have designated, and within the time limit specified, may be shared.

In order to access your records:

- Please notify Alexandra Hinton or her Client Care Coordinator, Kim Murray, via EMAIL.
- You will then be sent, via your secure online client portal, a Records Request Form where you will be able to specify: what you would like to receive, for what time period, how you would like to receive the information, the designated recipient, etc.
- If you do not see an email notification of this form being sent to you or have trouble accessing the link to your client portal, please notify Alexandra or Kim immediately.

In the event that you are requesting your health records to give an employer, agency, etc and choose to have certain information redacted prior to receipt or sending to the recipient, it will be important to specify this on your Request Form.

If you have any questions about this process, do not hesitate to contact Alexandra Hinton (info@mentalgearcloset.com) or Kim Murray (admin@mentalgearcloset.com) directly.

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

I consent to sharing information provided here.

\* **Date**

**Parent and/or Guardian Signature** \_\_\_\_\_

I consent to sharing information provided here.

## Date

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## Social Media Policy

This document outlines my policies related to use of social media and how I conduct myself as well as respond to clients on these forums. If you have any questions about content within this document I encourage you to bring them up either during our Initial Consultation or other sessions.

### "Friending"

I do not accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn, etc.) I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, I am happy to address them.

### "Following"

I maintain a Facebook Page (Mental Gear Closet Consulting) and Instagram (Mental Gear Closet) for my professional practice to allow people to read and share my blog posts. All of the information shared on this page is usually also available on my website.

You are welcome to view my views, read or share this content. However, I have no expectation that you – as a client – will follow my blog or any other social media page. Also, if you do so it is important to consider the potential impact on your confidentiality and our working relationship when you like, share, follow or react to any such content in these public forums.

There are more private ways to follow me (such as using an RSS feed or a locked Twitter list), which would eliminate your having a public link to my content. You are welcome to use your own discretion in choosing whether to follow my social media feeds.

In attempt to maintain our professional working relationship, I will not follow your social feeds. I believe that viewing or following of a client's online profile outside of the therapy relationship or session can create confusion in regard to whether it's being done as a part of your treatment or to satisfy personal curiosity. In addition,

viewing your online activities without your consent and without an explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together.

## Interacting through Social Media

Please do not message me through social media. These sites are not secure and I may not read these messages in a timely fashion.

Do not use wall postings, @replies or other means of engaging with me in online forums if we have an already established client + therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your client chart.

If you need to contact me between sessions, the best way to do so is by phone (720-735-9194) or email (info@mentalgearcloset.com). See the section below for more information regarding email interactions.

## Testimonials & Business Review Sites

The ACA (American Counseling Association) Ethics Code, Principle C.3.b. prohibits my soliciting testimonials from clients. Of course you have a right to express yourself on any site you wish, however due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. Rather, if we are working together I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. You may also contact the Board of Psychology which oversees licensing and they will review the services I have provided (see contact information above).

None of this is meant to keep you from sharing that you are in therapy with me to whomever you like. Confidentiality means that I cannot tell people you are my client, however you are more than welcome to share this information with anyone you wish and in any forum of your choosing.

Also, you may find my private practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing or other places that list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listing and automatically add listing regardless of whether the

business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating or endorsement from you as a client.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend network for your own privacy and protection.

## Use of Search Engines

It is not a regular part of my practice to search for clients on Google, Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and have not been in touch with me via our usual means (e.g., coming to appointments, phone, email) there might be an instance in which using a search engine (to find you, someone close to you or to check on your recent status update) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we meet next.

## Location-Based Tracking

If you use location-based tracking on your mobile phone, please be aware of the privacy issues related to using these services. It is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in" from my office or if you have a possible LBS app enabled on your phone.

## Email, Phone & Text Messaging

If you choose to communicate with me via email, please be aware that all emails are retained in the logs of your and my internet service providers. While it is unlikely that someone will be looking at these logs, they are in theory available to be read by the system administrator(s) of the internet service provider. You should also know that any emails or text messages I receive from you and response I send may become part of your legal record.

Similarly, I cannot guarantee with complete certainty the privacy of communications sent via text messaging or other technology. While it is unlikely that this information will be sought after or intercepted by a third party, please be aware that this potential exists.

Thank you for taking the time to review my Social Media Policy. I understand it can be tedious and yet in our quickly growing online world, I strive to both maintain your privacy a healthy therapeutic relationship to the best of my ability.

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

I consent to sharing information provided here.

\* **Date**

**Parent and/or Guardian Signature** \_\_\_\_\_

I consent to sharing information provided here.

**Date**

\* This Social Media Policy adapted with consent from @ Keely Kolmes, Psy.D. – Social Media Policy – 4/26/10