

LISA M. STEPHEN, Ph.D., P.C.

Licensed Psychologist – Doctorate

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Client Last Name:	Client First Name:	DOB:	Date:
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CONSENT FOR ELECTRONIC COMMUNICATION

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communication is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to protect the security and confidentiality of your information and to assure that it is consistent with my professional ethics and the law. If you have any questions about this policy, please feel free to discuss them with me.

Text and Email Communication

I do not use text messaging, nor do I respond to text messages from clients because text messaging is a very insecure and impersonal mode of communication.

I use email communication only with your permission and only for administrative purposes. That means that email exchanges with my office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email me about clinical matters because this is not a secure way to contact me. Clinical matters should be discussed during sessions only, but if there is a time-sensitive issue that cannot wait, or if you want to leave a message about a topic to discuss in session, please call me. It is unlikely that you will reach me directly, so please leave a voicemail. Telephone and face-to-face communication is simply a much more secure mode of communication than other methods.

Social Media

I believe that any communication with clients online has a high potential to compromise the professional relationship. Please do not contact me in this way. I do not communicate with, or contact, any of my clients through social media platforms including, but not limited to, Facebook, LinkedIn, and Twitter.

I may participate on various social networks, but not in my professional capacity as a psychologist. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I will not respond and will terminate any online contact no matter how accidental. In addition, if I discover 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 privacy risks for you and compromise the professional relationship between us.

Websites

I have a website that you are free to access. I use it for professional reasons to provide information to others about my practice and me. You are welcome to access and review the information that I have on my website, and if you have questions about it, we should discuss them during your therapy sessions.

Web Searches

Generally speaking, I will not use web searches to gather information about you without your permission. In a situation where there is a potential safety risk involved, I might use a web search to obtain information. To the extent possible, I will communicate with you first. If I cannot reach you prior to using a web search, I will attempt to inform you of my actions after the fact.

I understand that you might choose to gather information through web searches. There is an incredible amount 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 me through web searches, or in any other way for that matter, we need to discuss that during our time together so that we can deal with it and its potential impact on your treatment.

As you are aware, a person conducting an Internet search cannot control the information that becomes available to him or her. If you obtain personal information about me or any information at all about my family, I expect that you will respect our privacy and that you will not read any information. If I find that you are pursuing personal information about my family or me on the Internet, I will no longer be able to work with you. I will refer you to other providers, and it will be your responsibility to obtain services. If you pursue personal information that poses a safety risk, I will take action accordingly.

Recently it has become common for clients to review their health care provider on various websites. However, psychologists cannot respond to such comments because of confidentiality restrictions. If inaccurate statements are made, the provider cannot correct that information. If you have concerns or questions about any aspect of our work together or about any previously posted online reviews of my practice, please let me know so that we can discuss them. I recommend that you do not rate my work with you on any website for several reasons. If you rate my work on a website while you are in treatment with me, it has the potential to affect our therapeutic relationship. If you choose to post an online review about me or another health care provider either while you are in treatment or afterwards, please keep in mind that you are revealing confidential information about your treatment, and this can never be retracted.

Please fill out the information below, which summarizes our agreement about electronic communication.

Email Communication

I understand that emails are a part of my permanent patient record and can only be used for administrative and scheduling purposes.

Email Guidelines

I understand emails cannot to be used for:

1. Emergency situations under any circumstances. If I experience a mental health emergency, I will call Dr. Stephen's office at (802) 355-9299 and follow the instructions. If at any time I cannot wait for a return phone call or if I experience another type of emergency, I will call 911 or go to the nearest emergency room.
2. Sending sensitive information including, but not limited to, dates of birth and ID numbers.
3. The communication of clinical information under any circumstance.

If I need to communicate other information with Dr. Stephen, I will wait until I meet with her in person whenever possible. If that is not possible, I will contact her at her office at (802) 355-9299, and if I cannot reach her directly, I will leave a voicemail.

Risks

Communicating by email includes a number of risks including, but not limited to, communications being intercepted, forwarded, broadcasted, or stored without authorization or detection. I understand that Dr. Stephen cannot protect the confidentiality of emails. If I choose to email Dr. Stephen and ask that she communicate by email with me, I accept full responsibility for all risks involved.

I request that Dr. Stephen communicate with me by email at the address below. If I decide to withdraw this request I will contact Dr. Stephen in writing to do so.

Email address: _____

I do not wish to communicate with Dr. Stephen by email.

Social Media

I will not attempt to communicate with Dr. Stephen through any social media platform, and I understand that if I do so, she will not respond.

Web Searches

I understand that I am free to look at Dr. Stephen’s website and to search for information about her as a professional. I agree that I will not search for any personal information about her, and I will not seek any information at all about her family. If I receive this type of information by accident, I will not read it and I will inform Dr. Stephen.

Text Communication

I understand that Dr. Stephen does not communicate by text messaging, and if I send text messages she will not respond.

My signature below indicates the following: I read and reviewed the content of this statement with Dr. Stephen and I consent to its provisions. I understand that if I violate this agreement, Dr. Stephen might not be able to continue providing services to me. I also understand that Dr. Stephen will comply with HIPAA and all applicable federal and state laws.

	Signature	Printed Name	Date
Client			
Parent/Guardian			
Parent/Guardian			
Witness		Lisa M. Stephen, Ph.D.	

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.