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### **Policy for Electronic Communications**

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. Many common modes of communication put your privacy at risk and can be inconsistent with the law and with the standards of professional practice. I generally and expressly recommend against using electronic forms of communication as an aspect of your treatment. This policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law. This practice retains the right to make specific exceptions to this policy as determined on a case by case basis with the individuals they serve.

#### **Email Communications and Text Messaging:**

This office will not initiate communication using email or text messages, except with client permission when specifically pertaining to scheduling, payment of services, sharing resources, or unless under usual circumstances (e.g., I am unable to contact you by any other means in an emergency). That means that email exchanges and text messages with me should be limited to things like setting and changing appointments, billing matters, sharing of resources, and other related issues. Do not use personal health information such as name, date of birth, etc. when using electronic communication, because access to electronic information is not assumed to be protected or private. Please do not use email or texting for treatment-related issues.

#### **Social Media:**

I do not communicate with, or contact, any clients through social media platforms like Twitter and Facebook. In addition, electronic relationship status will be cancelled if a clinician discovers that an online relationship has been accidentally established. These types of casual social contacts can create significant security risks for you. If you have an online presence, there is a possibility that you may encounter your clinician by accident. If that occurs, please discuss it during the next scheduled session.

#### **Web Searches:**

I will not use web searches to gather information about you without your permission because this constitutes a violation of your privacy rights. If you encounter any information about me through web searches, reviews, or in any other fashion, please discuss this during your next session as it may potentially impact your treatment.

**Other Providers and Individuals:**

If other providers or individuals contact me about you by means of electronic communication (email, texting, etc.) I will not respond without your express written consent. If you anticipate this, please complete a written authorization. Please note that a written consent does not imply that electronic communications can be made private or secure.

Please sign below if you understand our policy regarding electronic communications:

Client Name (Please Print)\_\_\_\_\_

Signature (Client or Legal Guardian)\_\_\_\_\_ Date\_\_\_\_\_