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## Electronic Communication and Social Media Policy

These guidelines have been written to inform you, the client, about Xplor counseling's policy regarding therapist-client communications and use of social media. Please review it to understand what you can expect from your therapist regarding these communication methods.

Email, texting, use of social media, and video chatting are common forms of communication in our society today. At times, people are more comfortable utilizing these forms of communication as an alternative to in-person or telephone. Electronic communication and social media sites are not secure and confidential, and at any time, a third party may be able to intercept these communications. Furthermore, any information you send to and receive electronically by Xplor Counseling becomes a part of your medical record. To preserve the confidential nature of therapeutic relationships, Xplor Counseling therapists will not seek out clients on social media sites, nor accept requests on their own personal social media pages. Therapists will also not monitor their clients' activities on social media sites.

Accordingly, electronic communication sent to and received by Xplor Counseling is not intended to be used for any mental health treatment, advice or counseling. Such services must be conducted in a therapy session either in-person or via telephone. Electronic communication, such as texting and email, is intended for basic information only and may be used to arrange appointments, advise of benefit information, and/or clarify billing questions.

In addition, electronic communication is not intended for a crisis situation. If you are experiencing a life threatening clinical emergency, please consider the following options: 1) dial 911; 2) go to your nearest emergency room; or 3) contact your therapist based on the after hours communication method discussed.

Your Xplor Counseling therapist may revisit this policy during the course of your treatment, as appropriate, to ensure that the confidential nature of therapeutic services is preserved.

By signing below, you indicate your understanding of the disclosures listed above regarding electronic communication and use of social media. Your signature also indicates your agreement to refrain from utilizing electronic communication for a crisis situation, mental health treatment, advice or counseling.

Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_