#### KIMBERLY LAWRENCE KOL. PSY.D.

PSYCHOLOGIST-DOCTORATE
VT 844 — NH 1272

## INFORMED CONSENT FOR ELECTRONIC COMMUNICATIONS

Electronic modes of communication are not necessarily secure and can put your privacy at risk. Following is my policy on electronic communication. Should you have any questions, please feel free to discuss them with me at any time.

#### **EMAIL COMMUNICATIONS**

Email is not a secure form of communication. I use email communication only for administrative purposes unless we have made another agreement. That means that email exchanges should be limited to things like scheduling appointments and handling billing matters. If you choose to email me about clinical matters and request or expect a clinical response, it is at your own risk. Ideally clinical matters should wait to be discussed at our next session, but if it feels more urgent, you may email or call to schedule an appointment sooner or to schedule a phone session. If I am able and deem it appropriate, I will respond to email, but I prefer telephone or face-to-face meetings because it is much more secure as a mode of communication.

### **TEXT MESSAGING**

Text messaging is a very unsecure mode of communication. On occasion I will use text messaging regarding an appointment the same day, to cancel a session at the last minute, or other more time-sensitive matters. I might also text to alert you to an email that I've sent that is time-sensitive. If you choose to text me, be aware that I don't often get texts as service in this area is highly unreliable. Please do not text about clinical matters.

# SOCIAL MEDIA

I do not communicate with, or contact, any of my patients through social media platforms. In addition, if I discover that I have accidentally established an online relationship with you, I will end that online relationship and discuss it with you in our next session. These types of casual social contacts can create significant security risks for you, and may adversely affect the therapeutic work. If you encounter me or information about me by accident on a social media platform, please discuss it with me during our next session.

#### WEB SEARCHES

I understand that you might choose to gather information about me through a web search. If you encounter any information about me in this way, please discuss it with me during our next appointment so we can explore it and its potential impact on your treatment and our therapeutic relationship. In addition, sometimes people review their health care provider on various websites. Mental health professionals cannot respond to such comments or correct errors because of confidentiality restrictions. If you encounter such reviews of me, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites, as it breaches your confidentiality and has the potential to impair our ability to work together.

### **AGREEMENT**

signature of patient or parent/guardian

I have read, understand, and agree to the conditions and policies described above. I understand that by emailing about a clinical matter, I am giving my permission for Kimberly Lawrence Kol, Psy.D. to email a clinical response.

date