



ELECTRONIC COMMUNICATIONS POLICY

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, Hawaii Anxiety and Trauma Care has prepared a policy. This is because the use of various types of electronic communications 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 our profession. Consequently, 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. If you have any questions about this policy, please feel free to discuss this with your doctor.

EMAIL COMMUNICATIONS

We use email communication only with your permission and only for administrative purposes. That means that email exchanges with Hawaii Anxiety and Trauma Care should be limited to things like setting and changing appointments, billing matters and other related issues. With your permission, your doctor may send handouts to you by email. Please do not email your doctor about clinical matters because email is not a secure way to contact us. If you need to discuss a clinical matter with your doctor, please feel free to call so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

TEXT MESSAGING

Text messaging is reserved solely for administrative matters. You can text your doctor to cancel or schedule an appointment or to tell them you are running late. Your doctor will respond to text messages to confirm they have been received. If you do not get a response, assume that your text message was not received. It remains your responsibility to cancel appointments in a timely manner by calling your doctor otherwise you may be held responsible for the cost of the session.

SOCIAL MEDIA

We do not communicate with, or contact, any of our clients through social media platforms like Twitter, Facebook, Instagram, or Tumblr. We will not send or accept friend requests nor will we “follow” you on any of these platforms. In addition, please do not try to contact your doctor in this way. We will not respond and will terminate any online contact no matter how accidental. We participate on various social networks, but not in a professional capacity. If you have an online presence, there is a possibility that you may encounter your doctor by accident. If that occurs, please discuss it with your doctor during your appointment. We believe that any communications with clients online have a high potential to compromise the professional relationship and can create significant security risks for you.



WEB SEARCHES

Hawaii Anxiety and Trauma Care will not use web searches or any social media to gather information about you without your permission. We believe that this violates your privacy rights; however, we understand that you might choose to gather information about your doctor in this way. In this day and age, 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 your doctor through web searches, or in any other fashion for that matter, please discuss this with them during your appointment so that together we can deal with it and its potential impact on your treatment.

LOCATION-BASED SERVICES

If you use location-based services or have GPS tracking enabled on your mobile phone or other device, be aware that others may be able to determine your location, thus risking your privacy.

Your signature below indicates that you have read the Electronic Communications Policy, have received a copy, and agree to abide by its terms during our professional relationship.

Printed Name of Client

Client Signature (or guardian if a minor)

Date

Psychologist (Witness)

Date

