



Communication Policy Agreement

As a counseling professional I am required to take precautions when communicating with individuals outside my office. While I follow HIPAA standards when using encrypted and locked forms of communication, I cannot guarantee that our communication is 100% private or secured. The following will describe potential risks when using different forms of communication.

Phone

You have the right to choose whether or not I can contact or leave messages to any telephone number that you provide in your contact form. If granted permission, all phone calls on my end will be completed in a private setting but I have no control of who may overhear in either end. Regarding voicemails, I will leave minimal information at all times but I also have no control over who gets access to the voicemail once it is in your inbox.

Email

While my email is HIPAA compliant, yours may not be. This means that your email may not be encrypted and as a result the information found in your inbox may not be secured. You should also be aware of the possibility of an email being sent to the wrong recipient on either end is a possibility. It is in your right to choose whether or not you would like to be contacted via email. If you agree to communicate via email, please do not send sensitive information such as social security, date of birth, mailing address or crisis related conversations to protect your information as much as possible.

Text Message

My business phone is locked with a password and I make it a habit of deleting text messages very frequently. Unfortunately, even this security may not fully secure your texts. Again, accidents may happen and text messages have the possibility to be sent to the wrong recipient as well. Likewise, if agreeing to communicate via text, please do not send sensitive information such as social security, date of birth, mailing address or crisis related conversations.

Mailings

There are times when I may need to send billing information. I can take safety precautions by not providing the name of my company in the envelope, but I cannot control outside factors such as the mail getting lost or opened by someone other than you.

If you would like for Your Therapy Houston, LLC to mail information to an address other than your home address please include it in the following space below for our records:

5900 Memorial Dr., Suite 218
Houston, TX 77007
832-475-3904
info@yourtherapyhouston.com



Please circle your preferences:

Cell Phone:

May I contact you here? Yes or No	May I leave a voice message here? Yes or No
May I reach you via text? Yes or No	May I send confirmation/reminder texts? Yes or No

Home Phone:

May I contact you here? Yes or No	May I leave a voice message here? Yes or No
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Work phone:

May I contact you here? Yes or No	May I leave a voice message here? Yes or No
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Email:

May I contact you here? Yes or No	May I send confirmation/reminder emails? Yes or No
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Mailing Address:

May I contact you here? Yes or No	If you provided an alternate mailing address, may I contact you here? Yes or No
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By signing this form you are agreeing to the forms of communication listed above. You may change your preferences at any time, just request to sign this form again in writing.

Name

Date

Signature

Date