

**Laurie Furman, MS, MSW, LCSW
Furman Family Counseling, LLC**

11715 Administration Drive, Suite 101
Maryland Heights, MO 63146
(314) 993-7616

Standards for Communication

Sessions between a therapist and a client are both privileged and confidential. In order to provide you with the highest quality services possible and to protect your privacy, I have developed this document to outline my policies related to communication with my clients. I have developed these guidelines as an adjunct to those in the "Client Information and Consent" form. Please read this document carefully as it will provide information about the best way for us to communicate with each other, protect the privacy of your treatment and focus on our work together. **Please initial after each section to indicate that you have read and understand the policies and standards.**

TELEPHONE:

Ideally any communication between us occurs in person at our session. When it is necessary to communicate between sessions, please contact me at the number listed above. Messages left on my *voicemail* are secure, and accessible only by me with a password. You can normally expect a response within 24 hours. If there are occasions when I may be out of the office and checking my voice mail less frequently, I will leave a special notice and instructions in the voicemail message.

If you give me a phone number as a general contact number, or a call back number in a voicemail message, I will assume that it is acceptable to leave a message at that number with basic information, such as an answer to a question or scheduling information, unless you advise me otherwise. _____ Initial

TEXT MESSAGING (SMS):

Text messages may be used to communicate simple information such as scheduling. For emotional or cognitive issues, or in case of an emergency, a voice message is required. _____ Initial

RECORD KEEPING:

Paper records created in intake, therapy sessions or related correspondence, will be maintained in a client file. The client file will only be accessible to me, unless explicit permission is granted by you, or there is a requirement under law to disclose information (consistent with limits of confidentiality reviewed at intake and my Notice of Privacy Practices). The case file is kept in a locked file cabinet in a locked office for 7 years after the last date of service for adults or until 7 years after a minor reaches the age of majority, whichever is later. At that time all contents of the case file are shredded and discarded. _____ Initial

Electronic records and billing are protected from unauthorized access through security procedures (e.g., passwords, firewalls, data encryption and authentication) consistent with legal and regulatory requirements and ethical standards (e.g., Ethics Code, HIPAA Privacy Rule and Security Rule). _____ Initial

After termination of treatment, and/or if there is no contact for 6 months, client's case will be closed. _____ Initial

Client will have the option of receiving a letter regarding termination of treatment and/or closing the case. _____ Initial

EMAIL:

Email is received by me and access is password protected, only viewed by me. My email communication, however, is **NOT** encrypted and in some instances may pose a privacy risk. If you choose to contact me by email you assume this risk. I typically view my email within 24 hours. You should normally expect that I will respond at the next session. If you require a particularly prompt response, talk with me directly to make arrangements. I will assume that your email communication is safe and secure. I prefer to use text or voice message to change or cancel appointments. Email is not a good choice for addressing a crisis or changing/cancelling appointments. _____ Initial

MY WEBSITE:

You may find information about my psychotherapy practice on my website: www.lauriefurman.com. I ask that you and I limit acquiring any other information about each other to what we discuss in my office. _____ Initial

SOCIAL MEDIA (e.g., Facebook, Twitter, Linked In):

As a matter of policy, I do not join a client's Social Media Network, or include a client in Social Media Networks that I may participate in unless it relates to my practice. This helps to maintain the privacy and personal boundaries of our therapeutic relationship.

If you do come across personal or professional information about me online or through others, I encourage you to bring it up in our discussions so that we may understand any meaning that it may have in our work. I will not seek information about you online or through others and ask that you do the same.

Thank you for respecting these policies. I welcome your thoughts and feelings about them.

Please sign to indicate that you have read and understand these Standards of Communication.

Signature

Date

Print