



## **ELECTRONIC COMMUNICATIONS AND THE USE OF ELECTRONIC DEVICES POLICY**

### **Use of Smart Phone, Tablets, and other Electronic Devices**

The use of electronic devices for the purpose of taking pictures, video recording, or audio recording is strictly prohibited while in the offices of Caramenico Counseling Group, LLC. At no time is it permissible for any client, family member, guest, therapist, or administrator to take pictures, video recordings, or audio recordings while in any common areas of the office, while attending meetings, or while participating in therapy sessions. Any individual discovered to be violating this policy or if reasonable suspicion indicates a violation of this policy that individual will not be permitted to continue services with Caramenico Counseling Group, LLC. Services will be immediately terminated and the individual will be referred to another provider/agency for services.

In the event of such a violation or reasonable suspicion of violation of this policy, Caramenico Counseling Group, LLC and/or the treating therapist reserves the right to inform all parties potentially affected by such a violation. Disclosure may be made without the consent of the individual who violated or is suspected of violating this policy.

This policy is to ensure the privacy and confidentiality of all clients, family members, guests, therapists, and administrators of Caramenico Counseling Group, LLC. Violating this policy constitutes a breach of the trust and in most cases is likely to violate the therapeutic alliance between client and therapist. Caramenico Counseling Group, LLC respects the privacy of all individuals who visit our offices.

### **Use of Phone, Texting, Email, and Other Social Media**

Therapists are not permitted to send or receive emails, text messages, or other electronic messages that discuss confidential clinical information. Emails and text messages between clients and therapists are only permitted for purposes of scheduling, rescheduling, or canceling sessions. It is respectfully requested that clients and client's family members refrain from sending emails, text messages, or other electronic messages to therapists between meetings that contain treatment information, concerns, etc.

If a client or family members feels he/she needs to communicate information with his/her therapist between scheduled sessions please contact him/her to schedule a face-to-face meeting. If a client feels he/she has an urgent matter to discuss with his/her therapist,



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he/she should leave a message using the phone number provided by the therapist. The therapist will return the call upon receipt of the message; it is requested that clients allow 24-48 hours for the therapist to return the call. In the event of an emergency, clients should contact Crisis Services or go to the nearest Emergency Room.

Mental Health Crisis: 1-800-499-7455 (Bucks Co)  
1-855-634-4673 (Montgomery Co.)  
Children’s Crisis Support – ACCESS: 1-877-435-7709

Therapists are not permitted to conduct therapy sessions via telephone or cell as they cannot ensure privacy and confidentiality. Additionally, Clinicians are not permitted to engage current or past clients via social media outlets for any reason. This policy protects the confidentiality of all clients and their families. It is in accordance with State and Federal Regulations as well as our Professional Code of Ethics.

I have read, understand, and agree with the aforementioned policy while I am participating in mental health treatment.

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Client Name Signature Date  
(All clients age 14 and older are required to sign this document)

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Parent/Guardian Name Signature Date  
(Parent/Guardian must sign if child is under the age of 14)

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Independent Practitioner Signature and Credentials Date

Client (or Parent/Guardian) was provided a signed copy of this document.  Client (or Parent/Guardian) declined a signed copy of this document. *Updated January 2018*