

# Communication & Email/SMS Policy

*New Pathways Psychotherapy P.L.L.C.*

## Purpose

This policy outlines how communication outside of scheduled sessions will be handled, including phone, email, and text messaging (SMS). The goal is to provide clear expectations, maintain confidentiality, and ensure safe and appropriate use of communication channels.

## General Communication Guidelines

- **Primary use:** Phone, email, and SMS are used **only for administrative purposes**, such as scheduling, billing, or clarifying logistical details.
- **Therapy content:** These channels are **not appropriate for processing clinical issues** or emergencies. Please reserve clinical concerns for scheduled sessions.
- **Response times:** I will make every effort to respond to non-urgent messages within **48 business hours**. I may not check email or SMS daily.

## Confidentiality Risks

- Email and SMS are not fully secure methods of communication. While safeguards are in place, there is some risk that your information may be intercepted, misdirected, or accessed without your permission.
- By signing below, you acknowledge these risks and consent to limited use of email/SMS for administrative purposes.

## Boundaries and Limitations

- I may not be able to respond to messages received outside business hours, weekends, or holidays.
- Frequent or clinically detailed communication outside sessions may need to be addressed within scheduled therapy time.
- I do not provide 24/7 on-call services or crisis counseling.

## Emergencies and Urgent Matters

- If you are experiencing a mental health emergency, do **not** use email or SMS.
- Instead, call 911, go to your nearest emergency department, or dial 988 (Suicide & Crisis Lifeline).

## Consent

By signing this policy, you:

1. Authorize the use of **email and SMS for administrative communication.**
2. Acknowledge and accept the **risks of limited confidentiality.**
3. Agree not to use these channels for emergencies or extensive therapeutic content.

**Client Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist Name:** Seth Muller, M.A., LPCC

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_