Informed Consent

The following information is to be completed by the person being served or the person's authorized representative/parent. This document contains important information, which you should be aware of prior to your first appointment. Please discuss any questions or concerns you may have with Dr. Small.
The purpose of this document is to inform you, the client, about many aspects of counseling and coaching services both in person and online: the process, the counseling, the coaching, the potential risks and benefits of services, safeguards against those risks, and alternatives to online services. Please read this entire document, electronically sign by submitting the form.

Agreement for Mental Health Counseling and Coaching Services

Services
Lugenia Small LPC provides individual, family, couple, group counseling and coaching. Lugenia Small LPC can only counsel within the scope of her practice. If it is determined that a client would be better served by a different provider, then appropriate referrals will be made.
Counseling and Coaching Process
Mental health counseling and coaching is a complicated process that offers benefits and can also pose risks. There are no guarantees about what you will experience. Counseling and Coaching may elicit uncomfortable thoughts and feelings or may lead to the recall of troubling memories. Counseling and coaching involves a significant commitment and you should feel comfortable with the therapeutic relationship. If you feel that Dr. Lugenia Small, LPC is not a good fit for you, a recommendation to another mental health professional can be made. It is encouraged that you address these concerns openly in session, as the exploration is often beneficial to treatment.

Distance Counseling and Coaching
Distance counseling and coaching includes phone sessions and online communication (video chat). Dr. Lugenia Small, LPC will discuss with you if distance counseling or coaching are appropriate treatment options. It is not recommended in all cases. Distance counseling and coaching is a different experience compared to in-person sessions. There can be a lack of face-to-face interactions; lack of non-verbal communication including visual and audio cues often relied on in personal communication; and issues regarding technology failure. If distance counseling or coaching are deemed appropriate and necessary, comprehensive benefits, limitations, and boundaries surrounding distance counseling and coaching will be discussed. Fees and payment will be discussed prior to beginning.

Possible misunderstandings
The client should be aware that misunderstandings are possible with telephone, text-based modalities such as messaging, and real-time internet chat, because nonverbal cues are relatively lacking. Even with video chat software, misunderstandings may occur due to connection

problems causing image delays or less than optimal image quality. Counselors are observers of human behavior and gather much information from body language, vocal inflection, eye contact, and other non-verbal cues. If you have never engaged in online counseling before, please have patience with the process and clarify information if you think your counselor has not understood you well. Also, please be patient if your counselor asks for periodic clarification. All sessions and messaging are in English.

Safeguards

Your counselor or coach has selected an account with Doxy.me for video communications to allow for the highest possible security and confidentiality of the content of your sessions. In order to benefit from these safeguards, the client is required to download, register and utilize the chat and video software from Doxy.me. Your personal information is encrypted and stored on a secure server in compliance with HIPAA regulations. The client is responsible for creating and using additional safeguards when the computer used to access services may be accessed by others, such as creating passwords to use the computer, keeping their email and chat IDs and passwords secret, and maintaining security of their wireless internet access points. The counselor and client will also choose a password in the first session to be exchanged at the beginning of all subsequent distance sessions in order to verify the identity of the client. Please discuss any additional concerns with your counselor early in your first session so as to develop strategies to limit risk.

Potential benefits

The potential benefits of receiving mental health services online include both the circumstances in which the counselor considers online mental health services appropriate and the possible advantages of providing those services online. For example, the potential benefits of video chat include the convenience for clients to potentially receive counseling from anywhere once an internet signal and necessary hardware is secured. Text-based chat has many of the same advantages of convenience, feeling reduced scrutiny from the counselor, having time to compose a response, and being able to refer back to the chat log for reference. The benefits of using asynchronous messages may include (1) being able to send and receive message at any time of day or night; (2) never having to leave messages or voicemails; (3) being able to take as long as one likes to compose a message, and having the opportunity to reflect upon it; (4) automatically having a record of communication to refer to later; and (5) feeling less inhibited than in person.

Potential risks

There are various risks related to electronic provision of counseling and coaching services related to the technology used, the distance between counselor and client, and issues related to timeliness. For example, the potential risks of message-based counseling may include (1) messages not being received and (2) confidentiality being breached through unencrypted email, lack of password protection or leaving information on a public access computer in a library or internet café. Messages could fail to be received if they are sent to the wrong address (which might also breach of confidentiality) or if they just are not noticed by the counselor. Confidentiality could be breached in transit by hackers or Internet service providers or at either

end by others with access to the client's account or computer. People accessing the internet from public locations such as a library, computer lab, or café should consider the visibility of their screen to people around them. Position yourself to avoid others' ability to read your screen. Using cell phones can also be risky in that signals are

Turnaround time

Using asynchronous (not in "real time") communication such as email or messaging entails a "lag" of response. The counselor will make every effort to respond to message requests within a 24-hour period. If the client is in a state of crisis or emergency, the counselor recommends the client contact a crisis line or an agency local to the client. Clients may also utilize 1-800-SUICIDE or 1- 800-273-TALK (For the deaf or hard-of hearing: 1-800-799-4TTY).
Hours are Monday - Friday, from 8 AM - 8 PM East Coast time, unless otherwise agreed upon.

Alternatives

Online counseling and coaching may not be appropriate for many types of clients including those who have numerous concerns over the risks of internet counseling, clients with active suicidal or homicidal thoughts, and clients who are experiencing active manic/psychotic symptoms. An alternative to receiving mental health services online would be receiving mental health services in person. Please feel free to request a referral at any time you think a different counseling relationship would be more practical or beneficial for you.

Proxies

The counselor requires this consent form to be signed by the legal guardian of any client seeking services who is under the age of 18. The name and contact information of the legal guardian will be kept as part of the client's record.

Confidentiality

Counseling involves the disclosure of sensitive, personal information. Communication between a client and mental health counselor is protected by law. Release of information to others about our work together is only done with your written permission. The following are exceptions (for more details please read Notice of Privacy Practices):

- Harm to Self. If there is reason to believe you are in danger of physically harming yourself and/or you are unwilling or unable to follow treatment recommendations, the counselor may seek your admission to a hospital and/or contact a family member or another person who may be able to help protect you.
- Harm to Others. If there is reason to believe you are threatening physical violence against another person and/or there is reason to believe you are a threat to the safety of another person, the counselor may be required to take some action (such as contacting the police, notifying the potential victim, securing hospitalization, or some combination of these actions) to insure the other person is protected.
- Abuse of Child or Dependent Adult. If there is reason to believe a child or dependent adult is being abused, the counselor is legally obligated to report the situation to the appropriate state agency.

· Consultations with Other Professionals. It is often helpful to consult about clinical work with other professionals who are also legally bound to maintain confidentiality.
· Courts. A counselor may be ordered to testify in legal proceedings and/or turn over records if lawfully issued by subpoenas and court orders.
· Insurance. If you choose to work with your insurance company for out-of-network reimbursement, they may require confidential information for billing purposes.*
· Under Eighteen. If you are under eighteen years old, please be aware that while the specific content of our communication will remain confidential, your legal guardian(s) have the right to receive general information on how your treatment is proceeding.

Consent for Release of Information

If any person or organization, other than you, contacts Dr. Lugenia Small, LPC inquiring about attendance, diagnosis, and/or treatment progress, they will be given no information. If you would like information released to anyone, you must sign a release form specifically indicating what you do and do not wish to be released and to whom. Once this information is released, Dr. Lugenia Small, LPC cannot assume responsibility for how the information is handled and therefore cannot guarantee confidentiality.

Professional Records

All counseling and coaching records are kept on a HIPAA-compliant server and/or under lock and key. Dr. Lugenia Small, LPC is the owner of all records. Records will not be released without your written permission except as mandated by law. You are entitled to receive a copy of your records at your written request, unless the counselor professionally believes seeing them could be emotionally harmful to you. If you request your records, it is recommended that you and your counselor review them together to discuss their content. If you are denied access to your records you may appeal that decision to the New Jersey Department of Health.
The counselor will maintain records of online counseling and coaching services. These records can include reference notes, copies of transcripts of chat and internet communication and session summaries. These records are confidential and will be maintained as required by applicable legal and ethical standards according to the American Counseling Association, National Board of Certified Counselors, and Family Therapists and Mental Health Counselors. The client will be asked in advance for permission before any audio or video recording would occur on the counselor's end. Phone call records are automatically stored by the phone provider.

Communication

Dr. Lugenia Small, LPC has sole access to records. All records of communication, written or verbal, between client and counselor remain the property of Dr. Lugenia Small, LPC. Verbatim material from counseling sessions remain in the client record and should never be revealed publicly by the client or counselor unless both client and counselor agree. Voicemails, emails, faxes, instant messages, and video chats with Dr. Lugenia Small, LPC are kept in the highest confidentiality within the limits of the technology, but confidentiality cannot be guaranteed. Please note the following: Dr. Lugenia Small, LPC does not accept text messages and does not store your name in her phone. Please know that unless both parties are on phones and the

conversation is not confidential. Any computer files kept regarding counseling communications are maintained using secure measures. Dr. Lugenia Small, LPC does not respond to personal and clinical concerns via regular email. If email communication is deemed necessary for your counseling, encrypted email accounts must be created for that purpose.

Privacy of the counselor

Although the internet provides the appearance of anonymity and privacy in counseling and coaching privacy is more of an issue online than in person. Dr. Lugenia Small, LPC has chosen to use either Doxy.me as the software provider for web conferencing, and chat communications between the counselor and clients. The client is responsible for securing his or her own computer hardware, internet access points, and password security.

The counselor has a right to his privacy and may wish to restrict the use of any copies or recordings the client makes of their communications. Clients must seek the written permission of the counselor before recording any portion of the session and/or posting any portion of said session on internet websites such as Facebook or YouTube. Counselor can't become friends with clients on social media; such as Facebook, Twitter, etc..

Confidentiality of the client

Maintaining client confidentiality is extremely important to the counselor. The counselor will take ordinary care and consideration to prevent unnecessary disclosure. Information about the client will only be released with his or her express and written permission with the exceptions of the following cases: 1) If the counselor believes that someone is seriously considering and likely to attempt suicide; 2) if the counselor believes that someone intends to assault another person; 3) if the counselor believes someone is engaging or intends to engage in behavior which will expose another person to a potentially life-threatening communicable disease; 4) if a counselor suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult; 5) if a counselor believes that someone's mental condition leaves the person gravely disabled.

Disconnection of Services

If there is ever a disruption of services on the internet then the client will need to call Dr. Lugenia Small, LPC to discuss how to proceed with the session. Dr. Lugenia Small, LPC can be reached at 609-665-1102. If the client does not call back within 5 minutes, then Dr. Lugenia Small will try and contact them.

Initial Consultation

There will be an initial consultation session to determine the best approach toward your counseling or coaching. During this session we will discuss the reason you are seeking counseling or coaching, some background information, and if Dr. Lugenia Small, LPC is the right fit for your needs. The initial consultation fee if free. In more involved cases, including complex histories and larger families, there may be two consultations sessions to ensure the proper treatment recommendations are made and the fee will be $70 per 30 minutes consultation session.

Session Fees and Payment
All counseling and coaching sessions are 30 minutes or 60 minutes. Individual counseling fees are $70 per 30 minutes and $140 per 60 minutes Session. Coaching fees are $50 Per 30 minutes Session and $100 per 60 minutes Individual Coaching Session. Couple and family counseling and coaching fees are $50 per 30 minutes or $100 per 60minute Session.

All payments will be processed through Paypal. I understand payment of fees is expected at the time of service. I agree to pay for each service at the time it is rendered. I understand I am responsible for all charges incurred, regardless of my insurance status. I will notify Dr. Lugenia Small at least 24 hours in advance if I am unable to keep my appointment. You are responsible for the session fee plus any fees incurred by Dr. Lugenia Small, LPC due to the denial of your transaction.

Insurance
Dr. Lugenia Small, LPC is an in network provider for AETNA and United Health Care insurance for New Jersey in person counseling clients only. Please call your insurance provider to ensure you have coverage for mental health counseling and teletherapy. It is your responsibility to check with your insurance provider concerning coverage and payment.*

Late Cancellation/No Show Fees
All sessions are by appointment only. Cancellations must be made at least 24-hours in advance of the scheduled session. You are responsible for the full session fee if you miss a session or cancel within 24 hours of the scheduled appointment.

Emergency Services
Dr. Lugenia Small, LPC does not provide emergency services. All phone messages and emails will be checked daily unless otherwise stated but are not for use in an emergency. In an emergency please call 911 or report to your local emergency room.
The counselor might not immediately receive an online communication or might experience a local backup affecting internet connectivity. If the client is in a state of crisis or emergency (911), the counselor recommends contacting a crisis line or an agency local to the client. Clients may utilize the following crisis hotlines: 1-800-SUICIDE or 1- 800-273-TALK (For the deaf or hard-of hearing: 1-800-799-4TTY).

Credentials
Dr. Lugenia Small is licensed in the State of New Jersey (LPC). Her degrees include a Doctorate in Counseling, a Masters in Educational Psychology with a concentration in child and adolescent clinical psychology and a Bachelors in Psychology as well as certificates in Dialetical Behavior Therapy and Motivational Interviewing. Dr. Small is also a TIPs certified trainer and assists in providing individuals the knowledge and confidence they need to recognize potential alcohol-related problems and intervene to prevent alcohol-related tragedies.
I am seeking services from Dr. Lugenia Small, LPC. The type and extent of services I receive will be determined following a consultation with Dr. Lugenia Small and me. I will work with Dr.

Lugenia Small to develop a plan designed to assist me in attaining my goals. I understand that this is a collaborative effort between Dr. Lugenia Small and me.
I understand that I have the freedom to choose to have counseling or coaching online. I understand that there are risks to online counseling and coaching, such as failure in technology or breaches of confidentiality.
By signing this consent, I agree to abide by its content. I am aware that I have the freedom of choice of providers and I choose Dr. Lugenia Small, LPC to provide me with services.

_____ _____

Full Name Signature/Date

If the parent/ guardian are undertaking the financial obligation for services please fill out the following:
I authorize Dr. Lugenia Small, LPC to consult with and undertake the counseling of _____ with the appropriate methods or techniques available to her.

_____ _____

(Full Name) Signature/Date

License No. 37PC00520300 and State: New Jersey

Notice of Privacy Practices

Notice of Privacy Practices
Dr. Lugenia Small, LPC
Effective Date: January 1, 2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commitment to Your Privacy:
I am required by law to provide you with this notice that explains my privacy practices with regard to your medical information and how I may use and disclose your protected health information (PHI). In conducting business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time.
I realize that these laws are complicated, but I must provide you with the following important information:

- How I may use and disclose your PHI,
- Your privacy rights in your PHI,
- My obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that my practice has created or maintained in the past, and for any of your records that I may create or maintain in the future. You access the most current Notice at any time.
By visiting my website at drlugeniasmalllpc.com

Uses and Disclosures of PHI:
The following categories describe the different ways in which I may use and disclose your PHI.

1. **Treatment.** I may use and disclose your PHI to provide, coordinate, or manage your mental health treatment. I may also disclose your health information to other health care providers who may be treating you. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist to coordinate your care. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.

2. **Payment.** I may use and disclose your PHI to bill and collect payment for the services I provide you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide you PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.

3. **Health Care Operations.** I may use and disclose your PHI to support and operate my practice. For example, I may use your PHI to review and evaluate your treatment and services or to evaluate my performance while caring for you. In addition, I may disclose your health information to third party business associates who perform billing, consulting, transcription, or other services for my practice.

4. **Appointment Reminders.** I may use and disclose your PHI to contact you as a reminder about scheduled appointments or treatment.

5. **Treatment Alternatives.** I may use and disclose your PHI to tell you about or recommend possible alternative treatments or options that may be of interest to you.

6. **Others Involved in Your Care.** I may use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.

7. **As Required by Law.** I may use and disclose your PHI when required to by federal, state, or local law.

Use and Disclosure of PHI in Special Circumstances:
The following describe unique scenarios in which I may use or disclose your PHI

1. **Public Health Risk.** I may use and disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths,
- Reporting child abuse or neglect,
- Preventing or controlling disease, injury or disability,
- Notifying a person regarding potential exposure to a communicable disease,
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
- Reporting reactions to drugs or problems with products or devices,
- Notifying individuals if a product or device they may be using has been recalled,
- Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult client (including domestic violence); however, I will only disclose this information if the client agrees or I am required or authorized by law to disclose this information,

· Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

2. **Health Oversight Activities.** My practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

3. **Lawsuits and Similar Proceedings.** My practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. I also may disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

4. **Law Enforcement.** I may release PHI if asked to do so by a law enforcement official:
· Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement,
· Concerning a death we believe has resulted from criminal conduct,
· Regarding criminal conduct at our offices,
· In response to a warrant, summons, court order, subpoena or similar legal process,
· To identify/locate a suspect, material witness, fugitive or missing person,
· In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator).

5. **Military.** My practice may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

6. **National Security.** My practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. I also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.

7. **Inmates.** My practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or © to protect your health and safety or the health and safety of other individuals.

8. **Workers' Compensation.** My practice may release your PHI for workers' compensation and similar programs.

Your Rights Regarding Your PHI:
Although your health record is the physical property if the practitioner or facility that compiled it, the information belongs to you. You have the right to:

1. **Confidential Communications.** You have the right to request that my practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a request at dr.lugeniasmalllpc.com specifying the requested method of contact, or the location where you wish to be contacted. My practice will accommodate reasonable requests. You do not need to give a reason for your request.

2. **Requesting Restrictions.** You have the right to request a restriction in my use or disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that I restrict my disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. I am not required to agree to your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies or when the information is necessary to treat you. In order to request a restriction in my use or disclosure of your PHI, you must make your request at dr.lugeniasmalllpc.com. Your request must describe in a clear and concise fashion:
- The information you wish restricted,
- Whether you are requesting to limit my practice's use, disclosure or both,
- To whom you want the limits to apply.

3. **Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request at dr.lugeniasmalllpc.com in order to inspect and/or obtain a copy of your PHI. My practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. My practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by me will conduct reviews.

4. **Amendment.** You may ask me to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for my practice. To request an amendment, your request must be made at dr.lugeniasmalllpc.com. You must provide me with a reason that supports your request for amendment. My practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, I may deny your request if you ask me to amend information that is in my opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; © not part of the PHI which you would be permitted to inspect and copy; or (d) not created by my practice, unless the individual or entity that created the information is not available to amend the information.

5. **Accounting of Disclosures.** All of my clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures my practice has made of your PHI for purposes not related to treatment, payment, or operations. Use of your PHI as part of the routine client care in my practice is not required to be documented. For example, the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request at dr.lugeniasmalllpc.com. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before January 1, 2019. The first list you request within a 12-month period is free of charge, but my practice may charge you for additional lists within the same 12-month period. My practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

6. **Right to a Paper Copy of this Notice.** You are entitled to receive a paper copy of my notice of privacy practices. You may ask me to give you a copy of this notice at any time. To obtain a paper copy of this notice, at dr.lugeniasmalllpc.com

7. **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with my practice or with the Secretary of the Department of Health and Human Services. To file a complaint with my practice, do so at dr.lugeniasmalllpc.com. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

8. **Right to Provide an Authorization for Other Uses and Disclosures.** My practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to me regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, I will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

Privacy Officer Information:
If you have any questions regarding my notice of privacy policies, complaints about my privacy practices, or need information on how to file a complaint, please contact at drlugeniasmalllpc.com

Social Media Policy
This document outlines my office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to interactions that may occur between us on the Internet. Please discuss any questions or concerns you may have with Lauren.

Separate Accounts
Dr. Lugenia Small, LPC holds separate and isolated accounts to be used for the sole purpose of professional matters regarding Dr. Lugenia Small LPC. These accounts are separate from any personal accounts held by Lugenia Small as an individual.

Email
Please use email to contact me for administrative reasons only (modifying appointments, billing information, etc.). Please do not email content related to our counseling sessions, unless otherwise discussed. Email communication is not completely secure or confidential. Any emails I receive from you and any responses I send to you become a part of your legal record.

Text Messages
Please do not send text messages, unless otherwise agreed upon. I will not respond to texting. Any text message I receive from you becomes a part of your legal record.

Friending
I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends on these sites can compromise your confidentiality and our therapeutic relationship.

Following
I will not follow any client on Twitter, Instagram, blogs, or other apps/websites. If there is content you wish to share from your online life, please bring it into our sessions where we can explore it together.

Search Engines
It is not a regular part of my practice to search for clients on Google, Facebook, or other searchable sites. An exception could be during a crisis. If I have reason to suspect you are a danger to yourself or others and I have exhausted all other reasonable means to contact you and/or your emergency contact, then I may use a search engine for information to ensure your welfare. If this ever occurs, I will fully document the search and discuss it with you at your next session.

Location-Based Services
*Please be aware if you use location-based services on your mobile phone you may compromise your privacy while attending session at my office. Enabled GPS tracking makes it possible for others to surmise you are a counseling client due to regular check-ins at my office location.

**New Jersey Residents Only*