

Marcia W. Hemley, Ph.D.

Use of Technology Disclosure and Limits of Confidentiality

I, _____
PRINT NAME

understand and agree to the following statements about using technology as part of my counseling relationship with Marcia Hemley, Ph.D.:

1. If I choose to communicate with Dr. Hemley by cell phone, whether calling, texting, or conducting teletherapy sessions, I understand that using a cell phone is not HIPPA-compliant (confidential and private), and I cannot hold her liable if our phone call/text is intercepted.

INITIAL

2. If I choose to communicate with Dr. Hemley through email, I understand that without an encrypted system her email is not HIPPA-compliant, and I cannot hold her liable if our email exchange is intercepted.

INITIAL

3. I understand that Dr. Hemley has a policy prohibiting personal contact with clients through any form of social media. This policy is informed by the ethical standards of The Vermont Psychological Association and The American Psychological Association.

INITIAL

I understand and agree to all of the statements above. I will ask Dr. Hemley any questions I may have at any time during our work together.

CLIENT SIGNATURE

DATE