

## Saul and Saul, LLC

CONSULTING PSYCHOLOGISTS: TUCK T. SAUL, PhD & SUZANNE C. SAUL, PhD

CERTIFIED COACH: TUCK T. SAUL, PhD

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### ELECTRONIC COMMUNICATION POLICY INFORMED CONSENT FORM

As a client receiving psychological service(s), I understand that the use of electronic communication technology (including but not limited to texting, e-mails, social media) to exchange information may pose a confidentiality risk.

#### **EMAIL AND TEXT MESSAGING COMMUNICATIONS**

We use e-mail communication and text messaging only with your permission and only for administrative purposes unless we have made another agreement. This means that e-mail exchanges and text messages with our office should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email us about clinical matters. If you need to discuss a clinical matter with us, please feel free to call us or wait so we can discuss it during your therapy session. The telephone and/or face-to-face context simply is much more secure as a mode of communication.

#### **SOCIAL MEDIA**

We do not communicate with, or contact, any of our clients through social media platforms like Twitter and Facebook. We participate on various social networks, but not in a professional capacity.

#### **WEBSITES**

We have a website that you are free to use. We use it for professional reasons to provide information to others about us and our practice. You are welcome to access and review information that we have on our website.

#### **I GIVE MY PSYCHOLOGIST PERMISSION TO UTILIZE THE FOLLOWING COMMUNICATION METHOD(S) TO CONTACT ME:**

**Phone (Please specify telephone number):** \_\_\_\_\_

**Texting:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

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