

General Consent for Communication Guidelines

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Because the nature of communications and technology continues to evolve, it is important that we are clear about how we will and will not communicate with each other outside of the therapy hour.

Please initial all statements below with a yes or no answer.

THERAPY

Phone Sessions:

I am only able to conduct therapy sessions via phone in states where I am licensed, which currently is only in South Carolina. Before I conduct phone sessions with you, you must call your insurance (if you are filing) to get approval for telephone sessions. My general rule is that all therapy is done in person unless we have a clear contract that indicates we will talk on the phone. I understand: yes _____ no _____

Skype Sessions:

Skype or other video telecommunication methods such as Face Time are not considered a confidential form of therapy. Therefore I do not conduct therapy session via the internet. I understand: yes _____ no _____

COMMUNICATIONS:

May my office manager and I call you at home? _____yes _____no. May we leave a message at this number? _____yes _____no

May my office manager and I call you at work? _____yes _____no. May we leave a message at this number? _____yes _____no

May my office manager and I call you on your cell phone? _____yes _____no. May we leave a message at this number? _____yes _____no

Please note that if I call you after hours on my cell phone, I cannot guarantee that the phone line is secure and confidential. The same is true if you call me on your cell phone at my office. I understand: yes _____ no _____

Texting:

As our office uses landlines for the sake of your security and confidentiality, we do not use texting as a form of communication. Texting, like email, is not secure. I understand: yes _____ no _____

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Facebook:

I will not accept Facebook Friend Requests from you or send them to you while you are an active client. I have a Professional Facebook page, which you are free to "Like," but I will not communicate with you as a client on the Wall of that page or via Facebook messaging.

I understand: yes _____ no _____

Email:

Email is to be used only for the purposes of scheduling appointments and sending reminders, and is screened by my office manager before it is read by me. We may take as long as 24 hours to respond. Regarding canceling an appointment, 24 working hours notice is required for email notification, as well as for notification by phone. **Email is not to be used to communicate emergency or therapeutic information.** If you do send me information via email, know that it is confidential within our office. However, all communication via the internet is not considered secure and also becomes a part of your permanent file. I understand: yes _____ no _____

May my office manager and I email you to schedule appointments and send you reminders? _____yes _____no

Would you prefer to be emailed rather than called to schedule appointments and for reminders of scheduled appointment? _____yes _____ no

Payment Methods:

I accept cash, checks and credit cards. If you pay me by check, your check will be deposited into my account, titled Personal and Family Growth Associates, Inc. and by nature of its traveling to the bank and being handled by bank professionals, I cannot guarantee your confidentiality. If you have concerns about this method of payment, you may pay me by cash or credit card. My credit card business is also called Personal and Family Growth Associates, Inc. I understand: yes _____ no _____

If we are taking a credit card payment over the phone, our office manager will call you each time a transaction will be made. I understand: yes_____ no _____

I have read and understand all of the above guidelines for communication and consent to follow them in my therapeutic relationship with Dr. Montanez:

Signature_____ Date:_____