

## COMMUNICATION POLICY

This document outlines my communication policy. Feel free to discuss any questions or concerns that you have regarding this document or my suggested communication methods.

### Contacting Me

- The best way to contact me in-between sessions is **by phone at 503-887-3309**. If I am unavailable, please leave a message on my voice mail.
- Text messaging and direct email at [mail@ross-cohen.com](mailto:mail@ross-cohen.com) is most appropriate for brief, administrative issues such as **arranging or changing appointment times**. **Please do not email or text any content related to your counseling sessions, as email and text messaging are not completely secure or confidential.**

### Disclosure Regarding Third-Party Access to Communications

- Please know that email, texting, or other electronic methods, in their typical form, **are not confidential means of communication**. If you use these methods to communicate with me, there is a **reasonable chance that a third party may be able to intercept these messages**. The kinds of parties that may intercept these messages include, but are not limited to: (1) third parties on the internet such as server **technicians and administrators** and others who monitor internet traffic; (2) your **employer, if you use work email** to communicate with me; (3) email accounts associated with a **school or other organizations** that you are affiliated with; (4) **anyone who can access your phone, computer, or other devices** used to read/write messages.

### CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I consent to allow Ross Cohen, MA, LPC, LLC to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the **scheduling of meetings or other appointments**. Initial here: \_\_\_\_\_
- Information related to **billing and payment for health care treatment**. Initial here: \_\_\_\_\_
- Other Information. Describe: \_\_\_\_\_ Initial here: \_\_\_\_\_

I have been informed of the risks, including, but not limited to, my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

**Response Time**

- I may not be able to respond to your calls and messages immediately. I will respond to you **as soon as reasonably possible** – typically within 24 hours; although my response is typically slower on weekends and holidays. Also, please know that there may be times when I am **unable to receive or respond to messages**, such as when out of cellular range or out of town.

**Emergency Contact**

- Please call me at (503) 887-3309. If I am unavailable, please leave a message on my voice mail (consider following up with an email). I will respond as soon as reasonably possible.
- In the event of a **life-threatening clinical emergency**, please call 911, go to a hospital emergency room, or call the Multnomah County Crisis Line at (503) 988-4888.
- When I am out of the office for an extended period of time, I may identify another therapist on my voice mail who you can contact in the case of an urgent situation.
- Please note that SMS (normal phone text messages) is **not designed for emergency contact**. SMS text messages occasionally get delayed and on rare occasions may be lost.

**Social Media**

- Please refrain from contacting me with **social media messaging systems** (such as LinkedIn, Twitter, or Facebook Messenger). These methods have very poor security and I either do not participate in them or I am not prepared to watch them closely for important messages from clients. Please also understand that to protect your privacy, any requests for contact related to **social networking will not be confirmed or acknowledged**.

**Electronic Payment Communication Disclosure**

- **I accept cash or check for payment.** If you are interested in making a payment electronically, please discuss this with me.  
  
 I understand that if I make a payment using an electronic payment service, that service may automatically send me a receipt by email or text message. I further understand that **email is not a confidential communication medium** (there is a risk that it could be viewed by a third party). In addition, I understand that payments made by credit card will appear on my credit card statement as being made to Ross Cohen, MA, LPC, LLC. Similarly, electronic payments may be posted on your paper or electronic bank statements as being made to Ross Cohen, MA, LPC, LLC. Initial here: \_\_\_\_\_

Your signature below indicates that you have read and understand the information in this document

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date