Janice Motoike Ph.D. P.L.L.C. Electronic Communication Policy

In order to maintain clarity regarding our use of electronic modes of communication during your treatment, I have prepared the following policy. This is because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with ethics and the law.

If you have any questions about this policy, please feel free to discuss this with me.

Email Communications

I typically do not use email communication and text messaging, except in a limited capacity, and only with your permission and only for administrative purposes unless we have made another agreement. That means that email exchanges with my office are designated for a specific, one-time situation; and text messages with my office are even more limited. Please do not email me because email is not a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Text Messaging

Because text messaging is a very unsecure and impersonal mode of communication, I do not text message to nor do I respond to text messages from anyone in treatment with me. So, please do not text message me unless we have made other arrangements.

Social Media

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. This is because these types of casual social contacts can create significant security risks for you.

I participate on various social networks, but not in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

Websites

My website is www.counselinglifewellness.com. I use it for professional reasons to provide information to others about me and my practice. You are welcome to access and review the information that I have on my website and, if you have questions about it, we should discuss this during your therapy sessions.

You may download my intake paperwork if you click on the Paperwork button. Please review the Notice of Privacy Practices and the Protocol for Secure Storage and Transfer documents, as well as this document. I ask you to sign off on your Psychological Services Agreement to indicate that you have read and that you understand all three documents.

My website is intended to provide information about my practice in Arizona. It is not intended for individuals outside the State of Arizona; nor is it intended to imply that I provide services outside the State of Arizona.

Web Searches

I will not use web searches to gather information about you without your permission. I believe that this violates your privacy rights; however, I understand that you might choose to gather information about me in this way. In this day and age, there is an incredible amount of information available about individuals on the internet, much of which may actually be known to that person and some of which may be inaccurate or unknown. If you encounter any information about me through web searches, or in any other fashion for that matter, please discuss this with me during our time together so that we can deal with it and its potential impact on your treatment.

Recently it has become fashionable for clients to review their health care provider on various websites. Unfortunately, mental health professionals cannot respond to such comments and related errors because of confidentiality restrictions. If you encounter such reviews of me or any professional with whom you are working, please share it with me so we can discuss it and its potential impact on your therapy. Please do not rate my work with you while we are in treatment together on any of these websites. This is because it has a significant potential to damage our ability to work together.

If we are working together, please bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."

Location-Based Services

If you use location-based services on your mobile phone, please be aware that privacy issues exist when using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. If you have GPS tracking enabled on your device, it is possible that others may conclude that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in" from my office, or if you have a passive LBS app enabled on your phone.

Conclusion

Signature of Patient

Thank you for taking the time to review my Electronic Communication Policy. If you have questions or concerns about any of these policies and procedures regarding potential interactions on the Internet, please bring them to my attention so that we may discuss them.

Your signature below indicates that you have reviewed and understand Electronic Communication Policy and agree to abide by its terms regarding treatment with Dr. Motoike.	
Print Name of Patient	

Date