



# Healing Hearts Family Counseling Inc.

Sheila Lynn Hansen, MA, LMFT 115782, RPT T4545

## INFORMED CONSENT / AGREEMENT FOR SERVICES – ADULT

This document is intended to provide important information to you regarding your treatment. Please read the entire document carefully and be sure to ask your therapist any questions that you may have regarding its contents.

### Introduction

This Agreement is intended to provide \_\_\_\_\_ [client name] (herein referred to as “Client”) with important information regarding the practices, policies and procedures of Sheila Lynn Hansen, MA, Licensed Marriage and Family Therapist #115782, Registered Play Therapist #T4545, doing business as Healing Hearts Family Counseling, Inc. (herein referred to as the “Therapist”), and to clarify the terms of the professional therapeutic relationship between the Therapist and the Client. Any questions or concerns regarding the contents of the Agreement should be discussed with the Therapist prior to signing it.

### Information About Your Therapist

At an appropriate time, your Therapist will discuss her professional background with you and provide you with information regarding her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your Therapist’s background, experience, and professional orientation. Your Therapist is a Licensed Marriage and Family Therapist: Sheila Lynn Hansen, Licensed Marriage and Family Therapist #115782. She is also a Registered Play Therapist #T4545 through the Association for Play Therapy.

### Information About This Practice

The name of this practice is Healing Hearts Family Counseling, Inc. The individual therapist who owns and operates this practice is Sheila Lynn Hansen, Licensed Marriage and Family Therapist #115782. This practice is a Licensed Marriage and Family Therapist Corporation.

### Fees and Fee Arrangements

The agreed upon fee per individual therapy session is \$ \_\_\_\_\_. The Therapist reserves the right to periodically adjust the fee. The Client will be notified of any fee adjustment in advance. Individual sessions and conjoint family sessions are 45-50 minutes in length.

Fees are payable at the time that services are rendered. Clients are expected to pay the full amount of the fee at the beginning of each session. We do not accept insurance and do no insurance billing. However, we will provide a “Superbill” that the Client may submit to their insurance company. We operate on a cash, check or credit card basis, with a written receipt given for each payment made. If the Client’s check is returned for non-sufficient funds, the Client will be responsible for the session fee, plus a \$25 non-sufficient fund charge. This payment is due before the start of the next session and must be made in cash, money order or credit card only.

From time-to-time, the Therapist may engage in telephone contact with the Client for purposes other than scheduling sessions. The Client is responsible for payment of the pro rata fee for any telephone calls longer than ten minutes. In addition, from time-to-time, the Therapist may engage in telephone contact with third parties at the Client's request and with the Client's advance authorization. The Client is responsible for payment of the pro rata fee for any telephone call longer than ten minutes. Client is responsible for payment of the pro rata fee for any and all written letters, reports, etc. requested by client for third parties.

Please ask your Therapist if you wish to discuss a written agreement that specifies an alternative payment procedure. If for some reason you find that you are unable to continue paying for your therapy, you should inform your Therapist. Your Therapist will help you to consider any options that may be available to you at that time.

### Confidentiality

All communications between Client and Therapist will be held in strict confidence and will not be released to any third party without written authorization from the Client. Psychotherapy can only be effective if there is a trusting, confidential relationship between the Therapist and the Client. If you participate in marital or family therapy, your Therapist will not disclose confidential information about your treatment unless all person(s) who participated in the treatment with you provide their written authorization to release such information. However, it is important that you know that your Therapist utilizes a “no-secrets” policy when conducting marital or family therapy. This means that if you participate in family, marital or couple therapy, your Therapist is permitted to use information obtained in an individual session that you may have had with her, when working with other family members. Please feel free to ask your therapist about the “no secrets” policy and how it may apply to you.



There are exceptions to confidentiality. Exceptions to confidentiality include, but are not limited to: therapists are required to report instances of suspected child, dependent adult, or elder abuse. Therapists may also be required or permitted to break confidentiality when they have determined that a client presents a serious danger of physical violence to another person/ reasonably identifiable victim, or when a client is dangerous to him or herself or the person or property of another. Disclosure may also be required pursuant to a legal proceeding, and, additionally, rare instances where disclosure is required or allowed by law.

### **Sessions, Appointment Scheduling and Cancellation Policies**

Sessions are typically scheduled to occur one time per week at the same time and day, if possible and typically runs for 45-50 minutes. Your Therapist may suggest a different amount of therapy depending on the nature and severity of the concerns. Your consistent attendance greatly contributes to a successful outcome.

In order to cancel or reschedule an appointment, you are expected to notify your Therapist as soon as possible, or at a minimum, at least 24-hours in advance of your appointment. If you do not provide your Therapist with at least 24-hours' notice in advance, you are responsible for payment for the missed session. Due to the fact that many more people request psychological/mental health services than we are able to provide, we have adopted the following policies to ensure that our time is used to its broadest extent.

### **Please read and initial your acknowledgment and acceptance of the following:**

\_\_\_\_\_ As the scheduling of an appointment involves the reservation of time set aside specifically for you, we  
Initials will accept cancellation or rescheduling made **at least 24-hours prior to a scheduled appointment.**  
If you are sick, I would be happy to use the time for a telephone or teletherapy appointment. **Please do not come to an 'in-person' session if you are sick.**

\_\_\_\_\_ The full session fee (\$ \_\_\_\_\_) is charged for late cancellation (less than 24-hours prior to the  
Initials scheduled appointment) or 'no show' appointments. Appointments are held for you for 15 minutes. **If you arrive late for your appointment, there is no guarantee the appointment will be held for you beyond the first 15 minutes unless you have made arrangements with your therapist prior to the appointment start time.**

\_\_\_\_\_ It is important to note that insurance benefits **DO NOT** apply to late cancellation and 'no show' charges.  
Initials **The \$ \_\_\_\_\_ session fee is solely YOUR responsibility.**

### **Risks and Benefits of Therapy**

Psychotherapy is a process in which the Therapist and Client discuss a myriad of issues, events, experiences, and memories for the purpose of creating positive change so the Client can experience his/her life more fully. It provides an opportunity to better and more deeply understand oneself, as well as any problems or difficulties the Client may be experiencing. Psychotherapy is a joint effort between the Client and the Therapist. \ Progress and success may vary depending upon the particular problems or issues being addressed, as well as many other factors.

Participating in therapy may result in a number of benefits to the Client, including, but not limited to, reduced stress and anxiety, decreased negative thoughts and self-sabotaging behaviors, improved interpersonal relationships, increased self-confidence, etc. Such benefits may also require substantial efforts on the part of the Client, including active participation in the therapeutic process, honesty, and a willingness to change feelings, thoughts, behaviors, etc. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, etc. There may be times when the Therapist challenges the Client's perceptions and assumptions, and offers different perspective(s). The issues presented by the Client may result in unintended outcomes, including changes in personal relationships. The Client should be aware that any decision on the status of his/her personal relationships is the responsibility of the Client. During the therapeutic process, many clients find that they feel worse before they feel better. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. During the



therapeutic process, many clients find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. The Client should address any concerns regarding his/her progress in therapy with the Therapist.

### **Professional Consultation**

Professional consultation is an important component of a healthy psychotherapy practice. As such, the Therapist regularly participates in clinical, ethical, and legal consultation with appropriate professionals. During such consultations, the Therapist will not reveal any personally identifying information regarding the Client.

### **Records and Record Keeping**

The Therapist may take notes during session, and will also produce other notes and records regarding the Client's treatment. These notes constitute the Therapist's clinical and business records, which by law, the Therapist is required to maintain. Such records are the sole property of the Therapist. The Therapist will not alter her normal record keeping process at the request of any client. Should the Client request a copy of the Therapist's records, such a request must be made in writing. The Therapist reserves the right, under California law, to provide the Client with a treatment summary in lieu of actual records. The Therapist also reserves the right to refuse to produce a copy of the record under certain circumstances, but may, as requested, provide a copy of the record to another treating health provider. The Therapist will maintain the Client's records for ten years following the termination of therapy, or when the Client is 25 years of age, whichever is longer. However, after the ten years, the Client's records will be destroyed in a manner that preserves the Client's confidentiality.

### **Client Litigation**

The Therapist will not voluntarily participate in any litigation, or custody dispute in which the Client and another individual, or entity, are parties. The Therapist has a policy of not communicating with the Client's attorney and will generally not write or sign letters, reports, declarations, or affidavits to be used in the Client's legal matter. The Therapist will generally not provide records or testimony unless compelled to do so. Should the Therapist be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving the Client, the Client agrees to reimburse the Therapist for any time spent for preparation, travel, or other time the Therapist has made herself available for such an appearance at a rate of \$350.00 per hour.

### **Psychotherapist – Patient/Client Privilege**

The information disclosed by the Client, as well as any records created, are subject to the psychotherapist-patient privilege. The psychotherapist-patient privilege results from the special relationship between the Therapist and the Client in the eyes of the law. It is akin to the attorney-client privilege or the doctor-patient privilege. Typically, the Client is the holder of the psychotherapist-patient/client privilege. If the Therapist receives a subpoena for records, deposition testimony, or testimony in a court of law, the Therapist will assert the psychotherapist-patient privilege on the Client's behalf until instructed in writing, to do otherwise by a person with the authority to waive the privilege on the Client's behalf. The Client should be aware that he/she might be waiving the psychotherapist-patient privilege if he/she makes his/her mental or emotional state an issue in a legal proceeding. Clients should address any concerns he/she may have regarding the psychotherapist-patient privilege with his/her attorney.

### **Therapist Availability/Emergencies**

You are welcome to phone your Therapist between sessions. However, as a general rule, it is our belief that important issues are better addressed within regularly scheduled sessions. You may leave a message for your Therapist at any time on her confidential voicemail. If you wish your Therapist to return your call, please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. Non-urgent phone calls are returned during the Therapist's normal workdays within 24–48 hours. The Therapist is unable to provide 24-hours crisis service. If you have an urgent need to speak with your Therapist, please indicate that fact in your message and follow any instructions that are provided by your Therapist's voicemail. **Please be sure to leave your name and phone number(s), along with a brief message concerning the nature of your call. In the event of a medical or psychiatric emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance or go to the nearest emergency room.**

You should be aware that your Therapist is generally available to return phone calls within approximately 24-48 hours, but cannot guarantee the calls will be returned immediately. Your Therapist is not able to return phone calls after 9:00 pm. Your Therapist is not available to return phone calls on weekends and holidays. You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis:



911 → Life threatening emergency  
Crisis Hotline: (877) 7-CRISIS or (877) 727-4747  
Family Shelter / Human Options: (949) 854-3554  
Suicide Hotline: 1 (800) SUICIDE or (800) 784-2433

988 → Suicide and Crisis Lifeline  
OC Domestic Violence Hotline: (800) 978-3600  
Hoag Hospital: (949) 764-HOAG (4624)  
OC Warm Line: (714) 991-6412

### Therapist Communications

Your Therapist may need to communicate with you by telephone or other means. Please indicate your preference by checking one of the choices listed below. Please be sure to inform your Therapist if you do not wish to be contacted at a particular time or place, or by a particular means.

- My Therapist may call me on my home phone. My home phone number is: ( ) \_\_\_\_\_
- My Therapist may call me on my cell phone. My cell phone number is: ( ) \_\_\_\_\_
- My Therapist may send a text message to my cell phone. My cell phone number is: ( ) \_\_\_\_\_
- My Therapist may call me at work. My work phone number is: ( ) \_\_\_\_\_
- My Therapist may communicate with me by E-mail. My E-mail address is: \_\_\_\_\_
- My Therapist may send mail to me at my home address.

Sensitive, clinical information is to be discussed over the phone, via telehealth, or in-person, only as deemed appropriate by the therapist. For appropriate E-mail or text communication, Therapist will respond to your E-mail or text within 24-48 hours. Please note potential risks of using electronic communication may include, but are not limited to: inadvertent sending of an Email or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. E-mail messages may contain viruses or other defects and it is your responsibility to ensure that it is virus-free. In addition, E-mail or text communication may become part of the clinical record. You may be charged for time the Therapist spends reading and responding E-mail or text messages.

### Telehealth

Technology has provided new opportunities for you to receive therapy even when you can't make it into my office. I provide services via (phone, video, or phone and video) to clients for whom telehealth services are a good fit. Benefits of telehealth services include convenience and accessibility. Risks include the risks inherent to technology use, such as data being intercepted, or others at your end of the conversation overhearing. I encourage you to make sure that you have a quiet, private space for our scheduled telehealth sessions. While research has generally been supportive of telehealth for the treatment of a variety of individual diagnoses, there is little research to date on the effectiveness of telehealth for couple-or family-based services, and as such, these services are best categorized as experimental in nature. Should you attempt to reach Therapist between scheduled telehealth sessions, please allow up to 48 hours for a response, as Therapist may be busy with other clients.

### Social Media Policy Addendum

I do not accept “friend” requests or similar connections with clients, or their family members or friends, on social media. With the increasing use of social networking sites such as Facebook, LinkedIn, Twitter, etc., use of these sites can compromise your confidentiality and our respective privacy. **Use of social media sites is not at any time a way to contact me for therapy-related discussion, even in an emergency.**

If you would like me to review your social media interactions as part of our therapeutic work, please print what you would like me to review and bring it with you to session. Even if your social media accounts are public, I will not examine them without your specific consent and direction.

Please note that any social media apps you use may seek to connect you with me or with other visitors to this office, through a “people you may know” or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone. Turning off a social media app’s ability to know your location, and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.

A separate Social Media Policy Addendum is attached that clearly outlines my policies related to the use of social media. Please carefully read, review, and sign the attached Social Media Policy Addendum.



### **Additional Items**

#### **Animals:**

- Animals other than trained service animals are not allowed in the office.
- If you are interested in obtaining an Emotional Support Animal letter, please be aware that I do not write these letters.

#### **Recording Devices:**

- I have a number of smart devices that have microphones, including my cell phone, laptop, and other devices that may be in the office. These devices generally have voice control turned off, and so are not recording. However, for any device (such as a smart speaker) that is voice controlled, recorded snippets of conversation may be sent to the device manufacturer.
- If you bring a smart device (such as a modern cell phone) to session, that device likely has the option of voice control built in. If voice control on your device is enabled, the microphone may be always on, and snippets of conversation may be recorded and sent to the device maker. If you prefer not to take this risk, please disable voice control on your devices while in session.
- Please feel free to take notes in session if you believe it will be helpful in remembering key points of discussion. However, audio or video recording of sessions is prohibited.

### **Threats, Harassment, and Intimidation**

If you engage in threats, harassment, or intimidation toward me or others in this office, this may be grounds for immediate termination of therapy. You also grant permission for me to share information about any threatening behavior with law enforcement and/or others as I believe necessary to protect my safety and that of others.

### **About the Therapy Process**

It is your Therapist's intention to provide services that will assist you in reaching your goals. Based upon the information that you provide to your Therapist and the specifics of your situation; your Therapist will provide recommendations to you regarding your treatment. We believe that therapists and patients are partners in the therapeutic process. You have the right to agree or disagree with your Therapist's recommendations. Your Therapist will also periodically provide feedback to you regarding your progress and will invite your participation in the discussion. Your Therapist will work with you to develop an effective treatment plan. Over the course of therapy, your Therapist will attempt to evaluate whether the therapy provided is beneficial to you.

Your feedback and input is an important part of this process. It is the goal of your Therapist to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each patient, your Therapist is unable to predict the length of your therapy or to guarantee a specific outcome or result.

### **Termination of Therapy**

The length of your treatment and the timing of the eventual termination of treatment depend on the specifics of your treatment plan and the progress the Client achieves. It is a good idea to plan for termination in collaboration with your Therapist. Your Therapist will discuss a plan for termination with you, as you, the Client, approach the completion of your treatment goals. The Client may discontinue therapy at any time at his/her discretion. If you or your Therapist determines that the Client is not benefiting from treatment, either of you may elect to initiate a discussion of the treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing the treatment plan, or terminating therapy.

The Therapist also reserves the right to terminate therapy at her discretion. Reasons for such termination, include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in therapy, Client's needs are outside of Therapist scope of competence or practice, or the Client is not making adequate progress in therapy.

Upon either party's decision to terminate therapy, the Therapist will generally recommend that the Client participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity to reflect on the work that has been done. The Therapist will also attempt to ensure a smooth transition to another Therapist by offering referrals to the Client.

### **Expectations of Clients**

All clients are expected to behave appropriately while they are receiving services at this office. This includes: respecting the privacy and confidentiality of others, being quiet in the waiting room, and helping to maintain a neat, clean, and safe waiting room and therapeutic environment.



**Professional Will**

Therapist has a Professional Will. In the event something happens to the Therapist, an executor has been entrusted to carry out the directions pursuant to the therapists' Professional Will. Client hereby gives permission to executor and/or administrator of Therapists' Professional Will to access clients' records and contact the client, *only if something happens to Therapist*.

**NOTICES TO CLIENTS:**

#1 The Board of Behavioral Sciences requires that you have the following information about your Therapist:

Name: Sheila Lynn Hansen License Type: Licensed Marriage & Family Therapist #115782  
Current License Expiration Date: 09/30/2025

#2 The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of Marriage and Family Therapists. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

#3 **You have the right to receive a "Good Faith Estimate" explaining how much your medical care will cost** [OMB Control Number 0938-XXXX / Expiration Date MM/DD/YYYY].

- Under the law, health care providers need to give **patients/clients who don't have insurance or who are not using insurance** an estimate of the bill for medical items and services.
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency items or services. This includes related costs like medical tests, prescription drugs, equipment, and hospital fees.
- Make sure your health care provider gives you a Good Faith Estimate in writing at least 1 business day before your medical service or item. You can also ask your health care provider, and any other provider you choose, for a Good Faith Estimate before you schedule an item or service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises](http://www.cms.gov/nosurprises) or call 1-877-696-6775.

**Acknowledgement**

By signing below, the Client acknowledges that (s)he has reviewed and fully understands the terms and conditions of this Agreement. The Client has discussed such terms and conditions with the Therapist, and has had any questions with regard to its terms and conditions answered to the Client's satisfaction. The Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with the Therapist. Moreover, the Client agrees to hold the Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

**ACKNOWLEDGED:**

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client (or Authorized Representative)

\_\_\_\_\_  
Date



**Social Media Policy**  
**Addendum to Informed Consent / Agreement for Services**

This document outlines the office policies related to use of Social Media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to various interactions that may occur between us on the Internet. If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

**Friending**

**I do not accept** “friend” requests or similar connections with current or former clients, or their family members or friends, on social media (Facebook, LinkedIn, Twitter, etc.). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy, particularly with the increasing use of social networking sites such as Facebook, LinkedIn, Twitter, etc. It may also blur the boundaries of our therapeutic relationship. **Use of social media sites is not at any time a way to contact me for therapy-related discussion, even in an emergency.** If you have questions about this, please bring them up when we meet and we can talk more about it.

If you would like me to review your (or your child’s) social media interactions as part of our therapeutic work, please print what you would like me to review and bring it with you to session. Even if your or your child’s social media accounts are public, I will not examine them without your specific consent and direction.

Please note that any social media apps you use may seek to connect you with me or with other visitors to this office, through a “people you may know” or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way. If you would like to minimize the risk of others becoming aware of your connection to me or this office, please make use of the privacy controls available on your phone. Turning off a social media app’s ability to know your location, and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.

**Interacting**

Please do not use SMS (mobile phone messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure, and I may not read these messages in a timely fashion. Do not use wall postings, @replies, or other means of engaging with me in public online if we have an already established client/ psychotherapist relationship. Engaging with me in this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart. If you need to contact me between sessions, the best way to do so is by phone at (949) 424-4083. Direct E-mail at [Sheila@hhfcoc.com](mailto:Sheila@hhfcoc.com) is the second best method for quick, administrative issues such as changing appointment times. See the E-mail section below for more information regarding E-mail interactions.

**E-Mail**

I prefer using E-mail only to arrange or modify appointments. E-mail is not completely secure or confidential. If you choose to communicate with me by E-mail, please be aware that all emails are retained in the logs of both your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any E-mails I receive from you and any responses that I send to you become a part of your legal record.

**Business Review Sites**

You may find my therapy practice on sites such as Yelp, Healthgrades, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is **NOT** a request for a testimonial, rating, or endorsement from you as my client, as it is **unethical for therapists to solicit testimonials.**

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it. If we are working together, I hope that you will 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. None of this is meant to keep you from sharing that your family is in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client, and I am prohibited from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your psychotherapist or how you feel about the treatment I provided to you, in any forum of your choosing. If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular E-mail address or friend networks for your own privacy and protection.

**GPS / Location-Based Services**

If you use location-based/GPS services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise 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**

If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

**Your signature below indicates acknowledgement and acceptance of this Social Media Policy:**

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client (or Authorized Representative)

\_\_\_\_\_  
Date