



**Texting, Voicemail, Email, Online Communications, and Public Contact  
Agreement and Release of Liability**

I understand that texting, leaving voicemails, emails, and other on-line communications are not a secure way to communicate with my therapist and that these may be unintentionally viewed or overheard by others. I understand that my therapist will protect my identity and my communications as confidential as can reasonably be accomplished. As a voluntary participant, I hereby agree to expressly assume any and all risks associated with these activities.

In addition, I understand that these forms of communication are not a replacement for therapy, crisis counseling or emergency services. I understand that I can only use these forms of communication in non-emergency situations and that my therapist will make every effort to return these messages within 24 hours, Mon – Thurs. I understand that communication of treatment issues are considered highly confidential matters and should be done face-to-face or over the phone. I understand that my therapist will keep copies of all communications for her clinical records.

I understand that the Facebook page, Alison Nightingale LPC, is in no way private and is not a way to communicate privately or publicly with my therapist.

I understand that my therapist will have guidelines for the ways we use electronic media with each other and will have limitations on her ability to respond beyond simple questions and scheduling matters or pre-arranged check-ins.

Because my relationship with my therapist is singular and confidential, she is not able to identify me in public. We may be at the same event or public space, but any contact has to be initiated by me. Identifying my therapist in public will, potentially, let people around us know that we have a therapeutic relationship and it is my right to protect that information. To protect the safety of the therapeutic process, my therapist and I will not have any dual relationships with each other.

Please initial acceptable forms of communication between you and your therapist:

Texting: \_\_\_\_\_ Email: \_\_\_\_\_ Voicemail: \_\_\_\_\_ Other (specify): \_\_\_\_\_

I have read and understand the provided information above. I have discussed it with my therapist and all my questions have been answered to my satisfaction.

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Print Name

Date

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Signature

Date