

Communications Policy

Contacting Me

When you need to contact Dr. Debra Burton for any reason, these are the most effective ways to get in touch in a reasonable amount of time:

- By phone (936-639-3233, ext. 203) You may leave messages on the voicemail, which is confidential.
- If you wish to communicate with me by normal email or normal text message, please inquire about the potential confidentiality risks of doing so.
OR
- If you wish to communicate with me by normal email or normal text message, please read and complete the Consent for Non-Secure Communications form included with these office policies.

If you need to send a file such as a PDF or other digital document, ***“please print and FAX it to 936-639-3680 or preferably print and bring it to the office and give it to me or our office manager.”***

Please refrain from making contact with me using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and I am not prepared to watch them closely for important messages from clients.

It is important that we be able to communicate and also keep the confidential space that is vital to therapy. Please speak with me about any concerns you have regarding my preferred communication methods.

Response Time

I may not be able to respond to your messages and calls immediately. For voicemails and other messages, you can expect a response within the next business day, unless I am out of town (weekends are exempted from this timeframe.) I may occasionally reply more quickly than that or on weekends, but please be aware that this will not always be possible.

Be aware 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

If you are ever experiencing an emergency, including a mental health crisis, please go to your local emergency room.

If you need to contact me about an emergency, the best method is:

- By phone (936-639-3233)
- If you cannot reach me by phone, please leave a voicemail on ext. 203

Please note that SMS (normal phone text messages) are not designed for emergency contact. SMS text messages occasionally get delayed and on rare occasions may be lost.

So, please refrain from using SMS as your sole method of communicating with me in emergencies.

Disclosure Regarding Third-Party Access to Communications

Please know that if we use electronic communications methods, such as email, texting, online video, and possibly others, there are various technicians and administrators who maintain these services and may have access to the content of those communications. In some cases, these accesses are more likely than in others.

Of special consideration are work email addresses. If you use your work email to communicate with me, your employer may access our email communications. There may be similar issues involved in school email or other email accounts associated with organizations that you are affiliated with. Additionally, people with access to your computer, mobile phone, and/or other devices may also have access to your email and/or text messages. Please take a moment to contemplate the risks involved if any of these persons were to access the messages, we exchange with each other.

**REQUEST FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY
NON-SECURE MEANS**

I _____

name of client

AUTHORIZE: _____

name of counselor

For myself or the following minor child or children:

600 S. John Redditt

Lufkin, Texas 75904

(name of minor child or children)

TO TRANSMIT TO ME BY NON-SECURE MEDIA THE FOLLOWING TYPES OF PROTECTED HEALTH INFORMATION RELATED TO ME OR TO MY MINOR CHILDREN'S HEALTH RECORDS AND HEALTH CARE TREATMENT:

_____ Information related to the scheduling of meetings or other appointments

_____ Information related to billing and payment (but not to include any financial or claims-related identifiers including, but not limited to credit card numbers, insurance plan numbers, diagnosis codes, or procedure codes).

_____ Any health information that you are comfortable sending by non-secure media on yourself or minor children. My only response to your email or text will be letting you know that I have received your information or concur with scheduling changes. If I need to respond, I will call you and discuss information over the phone.

TERMINATION:

_____ This authorization will terminate when you have been discharged from service.

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 have been informed that a secure means to communicate with my counselor is by fax, drop-off, or voicemail. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time.

Signature of client

Date

Signature of counselor

Date