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Electronic Communication Guidelines and Policy

Email, texting, social media, video chatting, etc., have quickly become a fabric of our human interaction. Often many people feel more comfortable using these technologies as an alternative to communicating in-person or by telephone. Email and other electronic communication sent and received by Brite Futures Counseling, LLC is not in any way intended to be used for any mental health treatment, advice, suggestions, counseling and/or related to the client's therapy sessions over the Internet. The aforementioned services must be conducted in a therapeutic session or by telephone. Electronic communication such as email is not intended for a crisis situation. If you or the client is experiencing a true life clinical emergency, please consider the following options: (1) dial 911; (2) go to your nearest emergency room; (3) contact the local crisis line at 732-923-6999; (4) or contact Mobile Response at 877-652-7624 (for children). Please contact our office at 732-617-6210 for an appointment or get into contact with your mental health therapist.

Please be advised that electronic communication is not completely secure and confidential although many measures have been put into place by Brite Futures Counseling, LLC. Anytime information is transmitted electronically using the Internet and other services or networks it is compromised due to the nature of how the information is sent and delivered to technology devices, computers, etc. Furthermore, any information you send and receive by Brite Futures Counseling, LLC becomes a part of the client's legal record.

Email and other electronic communication are intended for basic information about Brite Futures Counseling, LLC and arranging or modifying appointments. Please keep all requests to no more than one short paragraph. Be advised that email is checked during business hours only and is not checked on weekends or holidays. We will respond to any requests within two business days of receipt.

By signing below, you and/or the client understand the disclosures listed above regarding communication with Brite Futures Counseling, LLC and its employees using any form of electronic communication such as email and text messaging. Client and/or I acknowledge and understand that if an email is sent and I request a response via electronic communication, that the client and/or I are willing to accept the above-stated risks. The client and/or I agree that such electronic communication such as email will not be used for a crisis/emergency, mental health treatment, advice, suggestions, counseling and/or related to the client's therapy sessions.

Print Client Name _____
(Self/Minor)

Client Signature _____
(Self)

Date _____

Print Client Name _____
(Spouse/Partner)

Client Signature _____
(Spouse/Partner)

Date _____

Print Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____ Date _____