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### EMAIL/TEXT CONTACT AGREEMENT

EMAIL/TEXT can be used in a variety of ways in the counseling relationship. It can facilitate making or changing appointments or it can allow the client to ask questions that don't need an immediate reply. E-mail/ TEXT should not be used as a means to communicate about issues in order to avoid bringing them up during therapy sessions or in lieu of therapy sessions.

E-mail has inherent limitations. The security of electronic mail sent through the Internet is not guaranteed. Some employers monitor employee's e-mail. Delivery and timely response is also not guaranteed. By signing this document you agree not to send time- sensitive, urgent, or emergency messages via email/TEXT. In case of emergency, please call:

CONNECT at 800-284-8898, Respond at 540-776-1100, or ACCESS at 540-961-8400

In general, I check my email/text once a day but sometimes I check it less frequently. I cannot guarantee that I will respond within twenty-four hours but I am usually able to do so. I do not return e-mails during weeks I am not in the office or on weekends. Monday through Thursday I check my telephone voice mail throughout the day but not in the evenings or on weekends. I am in the office and available for appointments on Monday- Thursday. If you have any questions or comments about the above, please ask them.

**Initial** below to indicate that you understand and agree with the above and to indicate your Email/ TEXT preferences.

\_\_\_ I do not want to exchange e-mails/ text under any circumstances or I am unable to do so.

\_\_\_ I agree to exchange e-mails/text about appointments and schedule changes ONLY.

\_\_\_ I agree with the above and will e-mail/text personal information as is appropriate.

Name \_\_\_\_\_ Signature \_\_\_\_\_

E-mail address \_\_\_\_\_

Cell Phone/ TEXT \_\_\_\_\_

Counselor's signature \_\_\_\_\_ Date \_\_\_\_\_