

**Cypress Counseling Group, PLLC**  
9025 Overlook Blvd, Suite 200  
Brentwood, TN 37027

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**Social Media and Technology Policy**

This document outlines the Social Media and Technology policies of the Cypress Counseling Group, PLLC. Please review and sign this form to assure your understanding of the way these policies effect your interaction with your counselor.

1. **Separate Accounts:** Cypress Counseling Group, PLLC has a business Facebook account. We welcome you to follow us on this professional site to gain recommendations on articles and books that may help in your therapeutic work with your counselor. Each counselor may have their own Social Media Accounts or websites. Cypress Counseling Group, PLLC has no oversight or responsibility over the individual sites of the counselors that practice at this business.
2. **Email:** Please use email to contact counselors for administrative reasons only (modifying appointments, billing information, etc.) Please do not email content related to counseling sessions, or issues going on in the client’s life that are best addressed in the counseling appointment. Email communication is not HIPAA compliant and therefore any communications over email are not secure or confidential. Counselors can receive information from you but cannot communicate back to you regarding anything relating to the counseling work you are doing in therapy. Any emails received become a part of the clinical record.
3. **Text Messages:** Please do not send text messages, unless agreed upon by your counselor. Text messages may not be returned immediately and should only be used to coordinate a change in schedule. Texting is not HIPAA compliant and therefore any communications over text are not secure and confidential.
4. **Friending/Following:** Counselors at Cypress will not follow or contact any former or current clients on any social networking site (Facebook, LinkedIn, Twitter, blogs, or other apps/websites). Adding clients as friends on these sites can compromise your confidentiality and the therapeutic relationship. If there is content you wish to share from your online life, please bring it into sessions where it can be explored with your counselor.

By signing below, you acknowledge and agree to this policy.

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian (if client is under 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date