

PROFESSIONAL INFORMED CONSENT

Digital Self-Directed Tools & Scripts

Client Name: _____

Practitioner Name: _____

1. PURPOSE & SCOPE

As part of your psychotherapeutic care, your clinician may recommend web-based reflection tools, psychoeducational materials, or communication templates from online platforms such as Words to Wellness (including its 9,000+ letters/scripts library). These tools are designed to complement in-person or telehealth sessions by supporting emotional processing, boundary setting, and skill acquisition between appointments.

2. CLINICAL BOUNDARIES & LIMITATIONS

Supplementary Nature: Web-based WTW scripts and self-guided journaling exercises are supportive therapeutic assignments. They do not constitute independent therapy, psychiatric care, or emergency clinical supervision.

Non-Real-Time Monitoring: WTW exercises completed on external websites or drafted as homework are not monitored live by a therapist. Submissions will be reviewed during scheduled session times.

3. SAFETY & EMERGENCY PROTOCOLS

Words to Wellness digital platforms and WTW self-guided scripts must never be used to communicate urgent clinical crises, self-harm urges, or safety emergencies.

If you experience acute emotional distress or a mental health crisis, contact emergency services immediately:

- **988 Suicide & Crisis Lifeline:** Call or text 988 (Available 24/7)
- **Crisis Text Line:** Text HOME to 741741
- **Emergency Services:** Call 911 or go to the nearest emergency room.

4. DIGITAL HYGIENE & PRIVACY

You are advised to practice standard digital safety when drafting or completing any WTW therapeutic assignments:

- Use password-protected personal devices rather than shared or public computers.
- Avoid accessing or drafting sensitive personal WTW scripts over public, unencrypted Wi-Fi networks.
- Refrain from sending unedited communication WTW scripts in volatile, unsafe, or high-conflict interpersonal situations without prior review with your clinician.

ACKNOWLEDGMENT & AGREEMENT

By signing below, you acknowledge that you have read, understood, and agreed to the guidelines and emergency boundaries outlined above.

Client Signature: _____

Date: _____

Clinician Signature: _____

Date: _____

Note: This document is intended to clarify the role and limitations of digital self-directed therapeutic tools within the client's care.