

# SOCIAL MEDIA AND COMMUNICATION USE POLICY

**Facebook, LinkedIn, and other social media websites:** It is the policy of The Counseling Center for our providers not to accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We view this intersection of professional relationships and social media as potentially creating a confusing “dual relationship” between patient and provider. The ethics code of your provider’s profession specifically prohibits developing “friendships” or “dual relationships” with their patients. This Practice-wide policy ensures objective and unbiased service to you, and also ensures information obtained by your provider about you is limited to only that which you choose to share with him or her. We believe that the blurring of boundaries between professional and personal relationship that would be caused by communication or information sharing on any these social media sites could also compromise your confidentiality and privacy as well as the privacy of your provider.

**Twitter:** Our providers will not follow any current or former clients on Twitter, nor do our providers allow anyone with whom they have had a professional doctor-patient relationship to follow them on Twitter. As stated above, this is due to the concerns for the establishment of proper ethical boundaries in your professional doctor-patient relationship and our desire to protect your confidentiality and the respective privacy of providers.

## Use of Texting and Email for Scheduling, Billing, and Contacting Your Provider

**Use of Texting:** Please be aware that if your provider does offer use of texting to communicate with you regarding scheduling or other matters, it is not a secure medium, and there is no guarantee of confidentiality. Texting also causes potential confusion in communication, and some professional communications may be misconstrued by patients. Please discuss with your provider their policy regarding text messaging, and, if allowable, to clarify the purposes for which it is acceptable. Sharing of clinical information by text messaging is strongly discouraged for the same confidentiality concerns as described below relative to email communication. If you consent to text message exchange of information, there can be no guarantee it will be received or responded to in a timely manner, and all clinical matters should be limited to direct phone, voicemail, or in-person contact. Your consent to communication via text message does not in any way obligate your provider to use texting in his or her practice to communicate with you.

**Use of Email:** Email communication can be extremely convenient for billing and scheduling matters, but is not HIPAA compliant or secure when standard (not encrypted) email is sent or received. As a result, it carries risks of inadvertent disclosure of any personal information that may be contained within the email. Therefore your consent and authorization is required to use non-secure email to communicate with you. While billing and scheduling matters may carry limited risk of disclosure of personal information (i.e., your name, email address, appointment times, or billing matters), conveying clinical information or sending clinical documentation via email may carry even greater impact in the event of an inadvertent disclosure of such sensitive protected health information. Additionally, all email accounts are accessible to the “system administrator” of the email provider you are using - with the various Internet providers having differing rules around who can access content for those who use their service.

Therefore, The Counseling Center Practice-wide strongly discourages conveying any private clinical information via email. Even if your provider does use email only for scheduling appointments, please know that those providers may sometimes lack ability to access email in a timely or consistent manner. This can cause confusion – such as a provider missing a critical piece of information sent by email. All of these limitations and caveats around use of email apply to parents who might desire to use email to communicate about children. Your understanding of these risks, and limitations if you consent to utilize email communication despite them, is fundamental to your HIPAA (Health Insurance Portability and Accountability Act) privacy rights. Below is a summary of the type of information that may be at risk of inadvertent disclosure if an email is electronically read by someone other than its intended recipient:

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**Scheduling:** Risk of disclosure establishing that you receive behavioral health services at the practice, including potentially, the name of your doctor, indirect implications via provider specialty of the types of services you are receiving (medication vs. counseling), your email address, future appointment times, frequency of visits, etc.

**Billing:** Risk of disclosure of the details of costs of services, dates of service, volume of service received, level and types of care provided.

**Clinical Information:** Risk of unlimited disclosure depending on content you include in an email, including any information sent, attached, etc which may contain sensitive details of your clinical history and condition, your psychological state, etc.

While many providers do not communicate by email at all given above-stated privacy limitations, others may do so in limited circumstances (i.e., for routine requests, such as sending requested documentation, but not for clinically time sensitive or emergency circumstances). Your consent does not in any way require or obligate a provider to send or receive email communication. Please check with your provider regarding their specific policy concerning email communication.

**Consent:** I understand the above limitations of text and email including the risks associated with the lack of security of personal health information sent or received in text and emails, as well as the uncertainty of information being received in a timely way by your provider. My signature below authorizes The Counseling Center to initiate or respond to text or email communication as agreed to below. Any authorization provided to The Counseling Center will extend for the duration of my care at The Counseling Center unless otherwise revoked in writing. Please indicate your consent below for specific text or email communication with our office. Communication with your provider via email, as with texting, applies only if your provider expressly authorizes the use of these forms of communication.

\_\_\_\_\_ Text Message for Scheduling and Appointment Reminders

\_\_\_\_\_ Email for Scheduling and Appointment Reminders

\_\_\_\_\_ Email for Billing Questions and Account Charges

\_\_\_\_\_ Email for Routine (not emergent or time sensitive) requests for clinical information or documentation

\_\_\_\_\_

Patient Named (Printed)

\_\_\_\_\_

Patient Signature (or Parent/Guardian if Minor)

\_\_\_\_\_

Date

If patient is a minor and a second parent is involved in supporting care, or if counseling involves a second adult, please have second adult sign below. If second adult is not present, please convey these policies to him or her or request an additional form for their signature and return at a later date.

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Other Involved Adult Signature (or Parent/Guardian if Minor)

\_\_\_\_\_

Date