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Social Media and Internet Boundary Policies

Since some of my therapy practice is based online, there are some unique challenges that come up that are important to be aware of prior to starting this form of treatment with me. Please read this document in order to understand the expectations of the client and the therapist while interacting online.

Interacting on social media and the Internet with clients can compromise your confidentiality, can blur the boundaries of our therapeutic and professional relationship, and can impact our working relationship. My primary concern is your privacy, and engaging in social media with you could compromise your privacy without my knowledge.

If there are things from your online life that you would like to share with me, please bring them to our sessions. We can review and explore them together during our therapy time. Here are a few policies about social media and Internet boundaries that I would like you to review:

Friending

I do not accept friend requests from current or former clients on any social media sites (including, but not limited to: Facebook, Twitter, Linked In, Snapchat, Instagram, etc.)

Following

If you use an easily recognizable name on Twitter or blog commentaries, and you decide you want to follow my professional stream of tweets or blogs, we may discuss this and its impact on our therapeutic relationship. If you choose to follow me, please note that I will not follow you back due to privacy concerns and appropriate professional boundaries.

“Googling” and Use of Search Engines

It is not part of my regular practice to search for clients on the Internet using Google, Facebook, or other search engines. Extremely rare exceptions may be made during times of crisis (i.e.: if I have reason to believe that you are in danger and you have not been in touch with me via our usual means).

Location-Based Services

There are some privacy considerations if you are using location-based services on your mobile device. Keep in mind that using a location-based service on your mobile device (even if you are unaware of it being activated) could violate your confidentiality and privacy.

Review Sites

You may find my practice on various review sites such as Yelp, Healthgrades, Google Business, or other places that list businesses. Some of these sites have review options that allow users to rate their experience. According to Kolmes (2010), many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site.

If you should find my listing on any of these sites, please know that my listing is not a request for a testimonial, rating, review, etc. While you have the right to express yourself on any site you want to, due to confidentiality concerns, I cannot respond to any review on any of these sites whether it is positive or negative. Because of privacy concerns, it is also likely that I will never see these sites and I ask that you discuss with me your feelings and reviews of our work directly instead, as this can be an important part of our therapeutic relationship.

Communication

Please use email to communicate with me on the Internet. You may feel free at any time to call my confidential voicemail as well. I recommend this method, as it is more secure.

Any messages you send me will be part of your medical record. Please note that I may not respond to emails and voicemails immediately if they are not an emergency or if I am in session or out of the office.

Appropriate Boundaries

Utilizing the Internet as a way to communicate can often arise some boundary issues that are not present in traditional face-to-face therapeutic relationships. Clients often feel free to express themselves in more open and deeper ways in a distance therapy situation. Clients can utilize telephone, chat, and video conferencing sessions in order to express more intimate and complex thoughts, feelings, and behaviors. Because inappropriate and compulsive behavior on the Internet is often one of the issues clients struggle with in their regular life, it can often be an issue within the therapeutic relationship. Please keep in mind that all medical records and any inappropriate communication will be documented and addressed by the therapist in session.

These policies have been developed in order to protect your privacy and keep our therapeutic and professional relationship confidential. Please feel free to bring up any questions or concerns you have regarding the information found in this document when we have a session. As new technology, apps, programs, and resources develop and as the Internet changes, it may be necessary for this document to be updated. If this document is updated, I will notify you and send you a copy of the updated policy.

This document was adapted Dr. Keely Kolmes "My Private Practice Social Media Policy" document.

Tele-Therapy and Electronic Therapy (E-Therapy) Informed Consent Form

By signing below, I consent to engaging in tele-therapy and/or electronic therapy with Susan Lager LICSW, as part of my mental health treatment. I understand that "tele-therapy" and "electronic therapy" includes the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications such as the telephone, cellular phones, the Internet, and various programs such as iChat, VSee, and other relevant programs. I understand that I have the following rights with respect to tele-therapy and/or electronic therapy:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- The laws that protect the confidentiality of my health information also apply to tele-therapy and electronic therapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination or personally identifiable images or information from the tele-therapy and/or electronic therapy interaction to other entities won't occur without my written consent.
- I understand that there are risks and consequences from tele-therapy and electronic therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my health information could be disrupted or distorted by technical failures; the transmission of my health information could be interrupted by unauthorized persons; and/or the electronic storage of my health information could be

accessed by unauthorized persons. I also understand that the programs listed above have their own policies that might interfere with confidentiality and I am fully aware of the risks associated with working with these programs. In addition, I understand that tele-therapy and electronic therapy based services and care may not be as complete as face-to-face services. I also understand that if my therapist believes I would be better served by another form of psychological services (e.g. face-to-face services) I will be advised about this by my therapist, and we will proceed that way, or if not logistically feasible, I will be referred to another therapist in my area with whom I can do that form of work. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.

- I understand that tele-therapy and electronic therapy is not the recommended modality of treatment for many clients including, but not limited to: clients who are actively suicidal or homicidal, clients with severe psychiatric conditions, clients in violent situations, etc. I understand that if I am identified as falling into the previous categories, or others, that I will be offered a referral to another therapist who utilizes a modality that will be better suited to my needs.
- I understand that I may benefit from tele-therapy and/or electronic therapy, but that results cannot be guaranteed or assured.
- I understand that I have a right to access my health information and copies of records in accordance with state law.

_____	_____	_____
Client name	Signature	Date
_____	_____	_____
Client name	Signature	Date