

SURPRISE BEHAVIORAL HEALTH
16804 W. Palisade Trail Lane
Surprise, AZ 85387

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Social Media Policy

This document outlines my office policies related to use of social media. Please read it to understand how I conduct myself on the Internet as a mental health professional and how you can expect me to respond to interactions that may occur between us on the Internet. Please discuss any questions or concerns you may have with your therapist.

Separate Accounts

Ruth Cohen, L.M.F.T. holds separate and isolated accounts to be used for the sole purpose of professional matters regarding SURPRISE BEHAVIORAL HEALTH. These accounts are separate from any personal accounts held by therapist as an individual.

Email

Please use email to contact me for administrative reasons only (modifying appointments, billing information, etc.). Please remember that if you email content related to our counseling sessions, it is not completely secure or confidential. Any emails I receive from you and any responses I send to you become a part of your mental health record.

Text Messages

Please do not send text messages, unless otherwise agreed upon. Any text message I receive from you becomes a part of your mental health record.

Friending

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends on these sites can compromise your confidentiality and our therapeutic relationship.

Following

I will not follow any client on Facebook, Twitter, Instagram, Tumblr, or other apps/websites. If there is content you wish to share from your online life, please bring it into our sessions where we can explore it together.

Search Engines

It is not a regular part of my practice to search for clients on Google, Facebook, or other searchable sites.

Location-Based Services

To protect your privacy, do not check-in at my office on Facebook, Foursquare, Google+, or any other location-based service. If you have enabled location services on your mobile phone, check-ins on such services could make it possible for others to surmise you are a counseling client at my office location.

(Printed name of client)

(If child is a minor, signature of parent or legal guardian)

(Date)

(Signature of client if 18 years or older)

(Date)

(Staff Witness)

(Date)