
ELECTRONIC MEDIA POLICIES with PATIENTS

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This document outlines my office policies related to the use of social and electronic media. Please read it to understand how I conduct myself on the internet as a psychologist and how you can expect me to respond to interactions that may occur between us on the internet.

1. I do not accept **friend** or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.) or **follow** any clients on Twitter, as I believe that doing so compromises your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.
2. Do not use mobile phone **text messaging** to contact me at any time. It is neither secure nor timely. You must contact me directly (512-459-1272) in the event of an emergency.
3. Do not contact me via **email** to address therapeutic issues. Doing so may compromise your confidentiality and/or create a situation wherein these exchanges will need to be documented in your chart and become a part of your legal medical record.

I will only communicate with you via email to arrange/modify appointments or for information regarding fees and statements of your account, but only with your consent per HIPPA regulations. As email is convenient, but cannot guarantee your privacy, **please initial below those things that you DO consent to discuss via email:**

_____ Scheduling

_____ Statements and billing

_____ Continuity of care between providers

EMAIL Address: _____

Please note that your consent expires upon termination from treatment.

4. It is not a regular part of my practice to **search** for clients on Google or Facebook or other **search engines**.
5. You may find my psychology practice listed on sites that do **business reviews**. Many of these sites add listings regardless of whether the business has added itself to the site. Some of these include forums in which users rate their providers and write reviews. If you should find my listing on any of these sites, please know it is not a request for a testimonial or endorsement from you as my client. You should also know that If you are using these sites to communicate indirectly with me about your feelings about your therapy, there is a good possibility that I may never see it. I hope that you will bring your reactions to our work directly into the therapy process. Finally, if you do choose to write something on a business review site, keep in mind that you are sharing personal information in a public forum. For that reason, I urge you to create a pseudonym for your own privacy and protection.
6. **Cell phones** should be off during sessions. I do not permit the recording of sessions.

If you have questions or concerns regarding this document, please bring them to my attention so we can discuss them. You must sign a copy of this document for my records. Please keep a copy for your records.

I have read and understand the above information, and accept and will abide by the terms of this policy.

Client Name (print)

Date

Signature

Parent/Payee's Name

Date

Signature