



## Social Media Policy

This document provides an overview of the Social Media Policy at Perimeter Therapy Associates. Please read and sign showing that you understand the way that clinicians at Perimeter Therapy Associates respond to various interactions that may occur between client and clinician on the internet.

Emails, cell phones, computers and faxes are not guaranteed to be 100% private. Although all clinicians at Perimeter Therapy Associates are required to have password protections on their computers and cell phones, it is important to realize that computers, email and cell phone communication can be accessed by unauthorized persons and therefore can compromise the privacy and confidentiality of such communication. Please limit emails and texts to changes in appointment times, scheduling of appointments or other brief exchanges. If you choose to communicate confidential or private information via text or email, Perimeter Therapy Associates will assume that you have made an informed decision and will view it as your agreement to take the risk that this communication may not be 100% confidential. If you choose to email content related to your therapy sessions, please note that email is not completely secure or confidential. If email communication outside of sessions requires more than 5 minutes to read and respond to, you may be charged for professional services rendered in 10 minute increments. Please indicate in your email if you intend to pay for these services or if you would like your clinician to save the email for review during your session.

Clinicians at Perimeter Therapy Associates are not able to "friend" clients on Facebook or other social media sites or connect on LinkedIn as this could compromise the confidentiality of clients. Our clinicians also do not Tweet with clients. In public situations, clients have control over their own description of the nature of their acquaintance with their therapist. For example, if you see your therapist at church or school and you choose to ignore your therapist, your therapist will follow your lead and do the same. If you introduce your therapist to your friends, your therapist will agree with your description of how you know them.

Thank you for taking your time to review these policies. If you have any questions or concerns please bring them to the attention of your therapist.

By signing below you are indicating that you have read this document, understand your rights and accept the responsibility stated.

Name \_\_\_\_\_ Date \_\_\_\_\_