



1

This training is for informational purposes and is not intended as legal or ethical advice.

2

As practitioners, we are responsible for seeking peer consultation, supervision and/or legal guidance to specific situations

3

4

**Requirements for today**

Act as if you were **IN PERSON** for this training!

- Cameras must remain ON throughout this training
- Everyone must participate in the discussions
- Failure to pay attention and participate may delay obtaining your Certificate of Attendance


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**Objectives**

- Review and apply a practical model for ethical decision-making in to inform clinical practice.
- Articulate the differences between ethical dilemmas and clinical challenged.
- Become familiar with the Standards for Technology in Social Work Practice as a guide for ethical decision-making regarding technology.
- Understand the HIPAA Privacy Rule and how it applies to psychotherapy notes for clients with disordered gambling.
- Explore current use of technology and potential ethical issues related to using them, including boundaries, confidentiality, privacy, informed consent, and competence.
- Discuss solutions for addressing common ethical dilemmas in gambling disorder treatment both from a traditional and modern technology perspective.

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### Various Models of Ethical Decision-Making


- Theoretical or Philosophical
  - Grounded in Theory
    - Collaborative
    - Integrative
- Practice-Based
  - Counseling
  - Social Work
- Specialty Practice & Populations
  - Sex Offender treatment and rehabilitation
  - Couples Counseling
  - Gambling Disorder Counseling



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### Code of Ethics

- NASW Code of Ethics
- ACA Code of Ethics
- APA Code of Ethics
- IGCCB Code of Ethics



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### Codes of Ethics


- Ethical Principles; include:
  - Respect for Autonomy
  - Beneficence and Nonmaleficence
- Ethical Standards; include:
  - Confidentiality and Privacy
  - Privileged Communication
  - Informed Consent
  - Competence

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### Dilemma or Challenge?

Ethical Dilemma

- Information is complete and values have been clarified; and
- Two or more standards / policies / values apply to a situation, seem equally compelling and conflict with one another.




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### Dilemma or Challenge?

Clinical Challenge

- It is difficult or messy to implement standards
- Differing opinions exist about how to proceed when information is incomplete and/or values have not been clarified.



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### Clinical Challenges

Most situations are clinical challenges, not ethical dilemmas

And they are related to Ethical Principles



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### Model For Resolution of Ethical Dilemmas



- Identify the ethical issues/principles, values and duties which conflict
- Gather Information
- Seek Consultation
- Identify Options
- Select Option
- Implement
- **Evaluate and Document**



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WHAT are some ethical situations that you've faced?

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Is it ethical to treat gambling disorders without formal training and certification?

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## A Closer Look

Codes of Ethics

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## Competence

Comparison in Codes of Ethics

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Competence:  
Definition

- the quality or state of having sufficient knowledge, judgment, skill, or strength (as for a particular duty or in a particular respect)
- *"No one denies her competence as an expert"*

Source: Merriam-Webster website

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Value: Competence (NASW)

- Ethical Principle:  
Social workers practice within their areas of competence and develop and enhance their professional expertise. Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

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Ethical Responsibilities to Clients

- 1.04 Competence
- (a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

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Ethical Responsibilities to Clients

- 1.04 Competence
- (b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

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Ethical Responsibilities to Clients

- 1.04 Competence
- (c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

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APA:  
Competence

- Ethical Standards 2
- 2.01 Boundaries of Competence
- (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant training, education, supervised experience, consultation, or study.

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ACA: Section C

- Professional Responsibility
- C.2 Professional Competence
- C.2.b New Specialty Areas of Practice
- Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty area, counselors take steps to ensure the competence of their work and protect others from possible harm.

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IGCCB  
Principle 3:  
Competence

- The IGCCB recognizes that the profession is founded on national standards of competency which promote the best interests of society, the client, the counselor and of the profession as a whole. I will recognize the need for ongoing education as a component of professional competency ...

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### Gaming Disorder

- Newer at-risk, problematic, and disordered
- Convergence with gambling
- The gaming field is getting into the gambling field – is the gambling field getting into the gaming field?
- Where do you get training?
- Ethical considerations?
- Competence in an emerging area



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## The Intersection



The convergence of technology and ethical standards



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### Standards for Technology

- Came out in 2017
- Created by a task force representing four groups
  - NASW, ASWB, CSWE, & CSWA
- Lengthier than the Code
- Covers practice activities related to both micro and macro practice

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### Themes

**Themes:**


- The values and standards are the same; we need to think more critically about the mediums/technology we use

**Self**

- What is your level of competence with regards to technology?
- Should technology-related skill building be part of your professional development for the coming year?
- What are your interprofessional skills to work with technology specialists?

**Organization**

- What are your policies with regards to social media, electronic data/PHI, communication? Are they consistent with the Code of Ethics and technology standards?
- Who are the tech people who you should know? How are they incorporated (or not) into practice?




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### Standards for Technology

Four Sections

- Provision of Information to the Public
- Designing and Delivering Services**
  - Electronica media, information and storage
  - Emails
  - Mobile/Smartphones
  - Teletherapy
  - Software Use
- Gathering, Managing and Storing Information
- Social Work Education and Supervision



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### 1.04 Competence

- (d) Social workers who use technology in the provision of social work services should ensure that they **have the necessary knowledge and skills to provide such services in a competent manner**. This includes an understanding of the special communication challenges when using technology and the ability to implement strategies to address these challenges.



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## HIPAA Privacy Rule



What is it? Can you explain it to someone else?



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## HIPAA Privacy Rule

- The Privacy Rule under the Health Insurance Privacy and Portability Act (HIPAA) generally treats all protected health information uniformly **with the exception of “psychotherapy notes.”** These notes receive greater protections against disclosure if they meet the strict definition set out in HIPAA and are kept separate from the remaining medical record.

Source: <https://www.hhs.gov/hipaa/for-professionals/faq/2088/does-hipaa-provide-extra-protections-mental-health-information-compared-other-health.html>



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## HIPAA Privacy Rule

- HIPAA explicitly defines “psychotherapy notes” as the following: “Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record.”

Source: <https://www.hhs.gov/hipaa/for-professionals/faq/2088/does-hipaa-provide-extra-protections-mental-health-information-compared-other-health.html>



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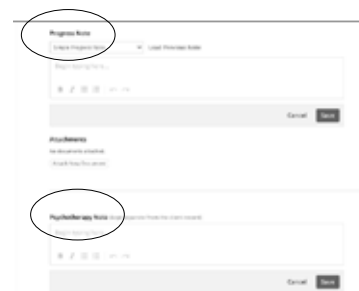
Let’s Say This AGAIN!

- **Psychotherapy notes** are treated differently from other mental health information both because they contain particularly sensitive information and because they are the personal notes of the therapist that typically are not required or useful for treatment, payment, or health care operations purposes, other than by the mental health professional who created the notes.

Source: <https://www.hhs.gov/hipaa/for-professionals/faq/2088/does-hipaa-provide-extra-protections-mental-health-information-compared-other-health.html>



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How does this apply to  
Gambling Disorders?

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Progress vs  
Psychotherapy  
(content)

- Relapse or continued gambling
- Medication
- Admits to theft or stealing  
(gambling-motivated crime)
- Employment issues

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How many of you have been  
trained about psychotherapy notes  
and proper documentation?

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Standards  
for  
Technology

Four Sections

1. Provision of Information to the Public
2. **Designing and Delivering Services**
3. Gathering, Managing and Storing Information
4. Social Work Education and Supervision

**Design and Delivering Services**

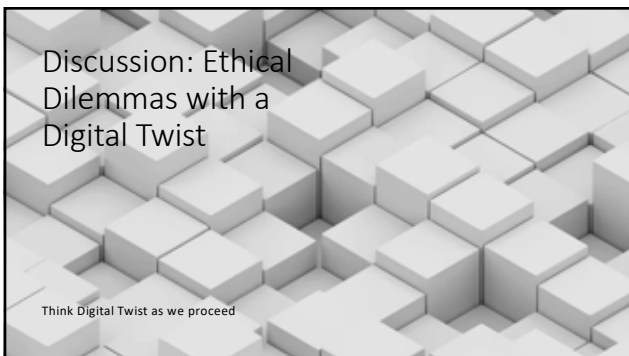
- Electronica media, information and storage
- Emails
- Mobile/Smartphones
- Teletherapy
- Software Use



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Discussion: Ethical  
Dilemmas with a  
Digital Twist


Think Digital Twist as we proceed



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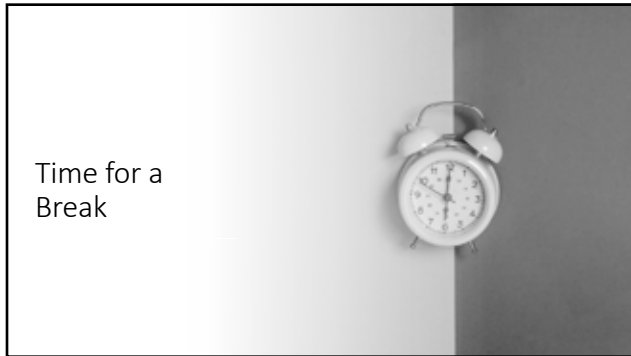
New Ethical  
Issues In  
the World  
of High  
Tech

- Is it appropriate to text clients, and when?
- What telehealth platforms are secure?
- How should I handle electronic payments for therapy?
- Can I conduct telehealth sessions with someone in another state?

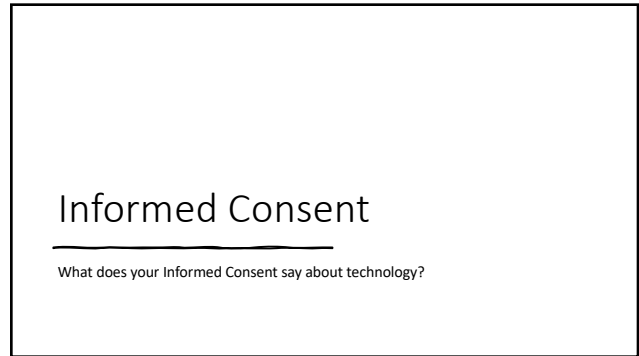


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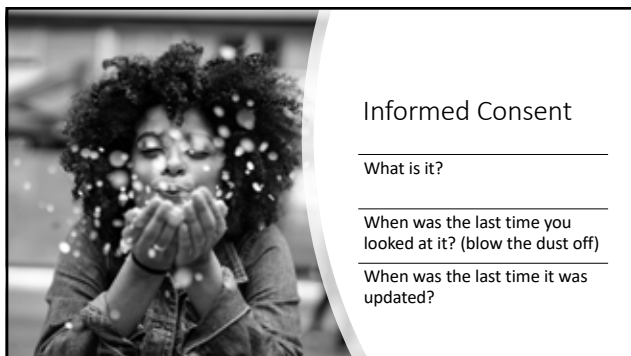




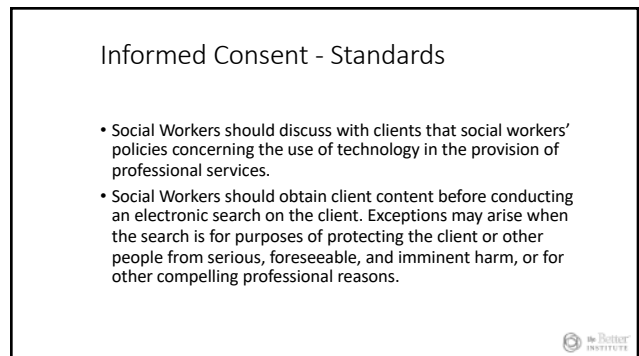
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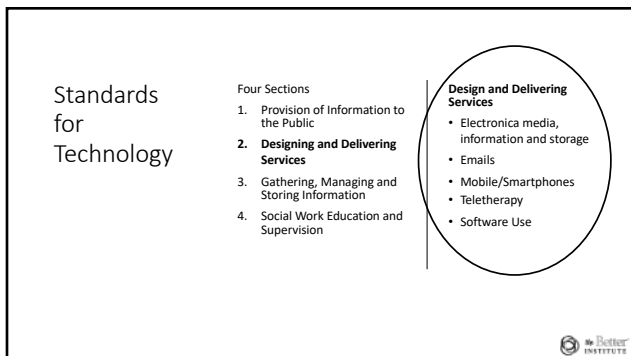
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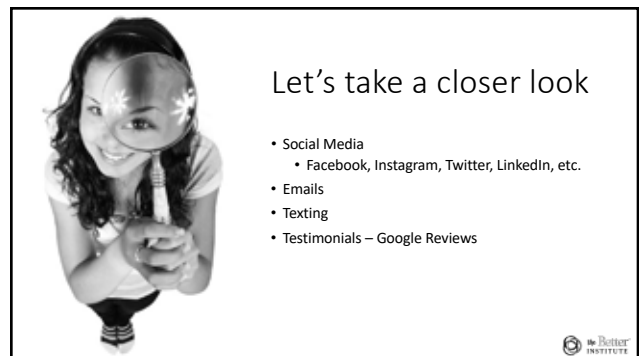
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## Social Media

Remember the Millennials and Gen Zs

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**Social Media Policy:**  
**Friending** – We do not accept friend or invitation requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). We believe that adding clients as friends or contact on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.  
**Interacting** – Please do not use text messaging or messaging on Social Networking sites such as Twitter, Facebook or LinkedIn to contact your therapist. These sites are not secure and your therapist may not read these messages in a timely fashion. If you need to contact your therapist between sessions, the best way to do so is by phone @ 412-343-0613. Direct email at info@betterinstitute.com is second best for quick, administrative issues such as changing appointment times.

## Social Media Policy - example

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## Emails Policy - Example

**Emails:**  
 We use email to arrange/modify appointments and for our newsletter. You will have the opportunity to opt out of receiving our newsletter. Please do not email your therapist content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with us by email, be aware that all emails retained in the logs of your and your therapist's Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails your therapist receives from you and any responses that they send to you can become part of your legal therapy record.


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## Texting Policy - Example


Texting is not covered under confidentiality laws. You are responsible for the content of your text messages.  
 You will have access to a client portal through our electronic records software, Simple Practice. Through this software you will be able to send and receive secure messages from your computer or mobile phone.

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## Exercise: Google Yourself



What did you find?



What would a potential client find?

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## Testimonials – Google Reviews

What do you think about Testimonials and Google Reviews

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## Google

- Have you ever Googled a potential client?
- Have you ever Googled a current client?
- What makes this unethical?
- Under what circumstances is this appropriate?
- How does this apply to Millennials and GenZs?

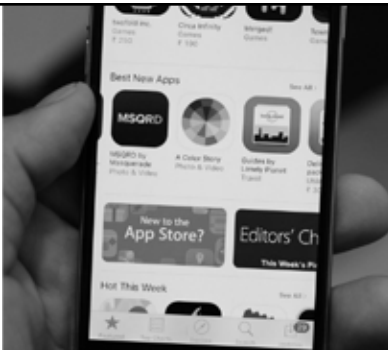


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## App Store




Type: Depression


- Simple Habit
- Sanvello (Pacifica)
- Calm
- Headspace
- Talkspace
- Reflectly
- Moodpath
- Youper
- BetterMe
- Depression Test



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## Health and MH Apps

-  What are these apps collecting? PHI – identifying information
-  How do these apps handle Data Breaches?
-  Recommend only after you have tested them yourself

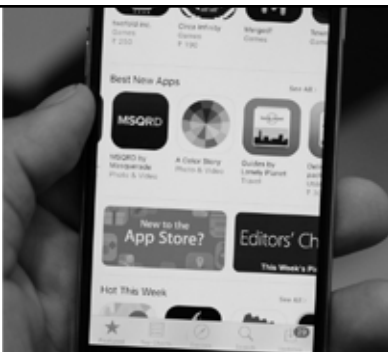


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## App Store

Type: Gambling Addiction

What do you find?



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## Using Apps in Treatment

- General Apps
- Specific uses for Problem Gambling & other addictions
- Caution: data breaches
- WhatsApp???




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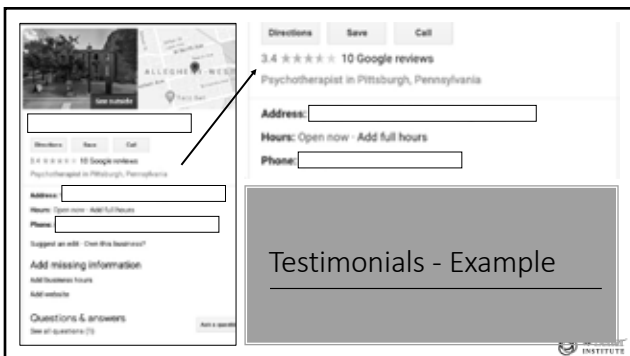


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### Testimonials to Market Your Practice

- "Social Proofing WORKS!" ????????
- Current vs Former client
- "Subject to undue influence"?
- Many marketing ideas that work in other industries DO NOT apply to Behavioral Health / Mental Health
- Millennials and GenZ implications

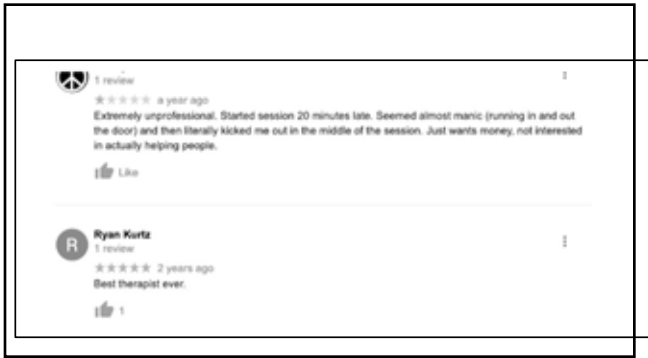
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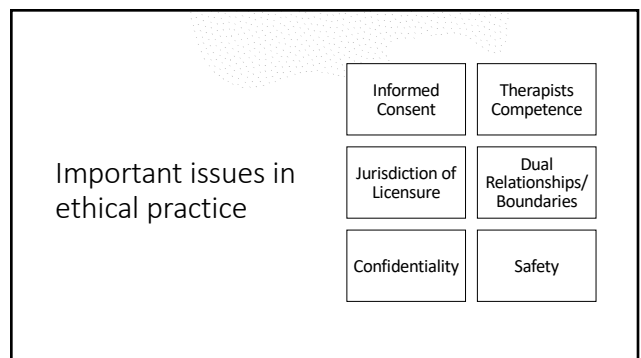
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Each of these issues is complicated by technology

Informed Consent – Is the client made aware of risks and benefits of technology?	Therapist Competency – Does the therapist have technological expertise?	Jurisdiction of Practice – Can you see someone out of your area?
Dual Relationships – Does technology increase chance of contact outside of treatment?	Confidentiality – How does tech put confidentiality at risk?	Safety – Does tech increase risk to client safety?

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### Discussion: Ethical Dilemmas with a Digital Twist

Some Case Scenarios

- Dual Relationships
- Confidentiality
- Boundaries
- Safety

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### Dual Relationships

- You work for a large university practice in a combined clinic that provides services for problem gambling, substance use and mental health issues. You supervised a student who was treating an individual with a gambling problem for several months. You have met the client several times, and he knows you supervise his case. The treatment went extremely well (with some ups and downs), and the client is currently solidly in recovery. The client goes on to receive training to be a recovery coach, and several years after you supervised his case, obtains employment in the same clinic where you work. One day, the former client friends you on Facebook.

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### Dual Relationships

What do you do? How would you address this?

How do issues such as power, treatment duration, termination and risk to the client figure into your decision?

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### Example: Dual Relationships

- You have been treating Beth for gambling disorder for the past 3 months. You live in the same small city as Beth. One day she tells you she just bought a new house. You eventually come to realize that the house is just a few streets away from your own home. Beth has school-aged children, as do you, and it is apparent that her kids will be attending the same school as yours. Further, you volunteer for the Parent-Teacher Association at your child's school. After settling into the neighborhood, Beth also decides to volunteer for the school PTA. This turn of events has the potential to be uncomfortable, as the PTA meets monthly, and has a number of social functions (e.g., BBQs). Most of the PTA members are also friends on Facebook.

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### Dual Relationships

How does this sort of situation fit with your profession's view of dual relationships?

What should you do?

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Confidentiality

- You are starting telehealth treatment with a new client. How would you describe confidentiality and the limits of confidentiality to him/her?
  - What considerations do you make when you decide what to cover in your limits to confidentiality?
  - What are the consequences of not covering limits to confidentiality?
  - How can you ensure confidentiality using telehealth platforms? What are the major considerations you need to address?

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Safety

- You have been working with Ms. Johnson for several sessions using Doxy.me for several sessions. In addition to her gambling, you are aware that she experiences significant depression and is also seeking help addressing trauma and PTSD issues. At one of her sessions, she reports to you that she has been emotionally overwhelmed this week and has seriously considered suicide at several point during the week. You ask her if she is currently at home, but she reports that she is not, and she is in her car driving.

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Safety

What do you do?

What happens if Ms. Johnson is experiencing current high level suicidal ideation, and you are concerned for her current safety?

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Privacy and Safety

- Client texts therapist about “running late” for the appointment. Therapist responds with “OK”. A few months later, the client texts the therapist about being in crisis and *overshares* information that they previously discussed in session.
  - How should the therapist respond
  - How can the therapist prevent this from happening in therapist-client relationship

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- A newly hired therapist is very tech savvy. The therapist has his clients download specific apps for mental health or addiction based on the presenting issue and treatment plan. The agency doesn't have a policy regarding the use of apps in therapy.
  - What does the therapist need to do to insure only HIPAA-compliant apps are used
  - What harm can be done by recommending apps

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Additional Scenarios


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- Since March of 2020 with COVID, many therapists were forced to work from home to provide teletherapy. One agency provided work laptops but did not encrypt the hard drives before giving to their licensed therapists. The Clinical Director created a DropBox account and shared a folder with her clinical team. She encouraged the team to only save work and client related files to DropBox instead of their hard drive. This included clinical reports, Gottman Relationship Reports, and client letters.
  - Is this a HIPAA-compliant solution during COVID
  - Is this a HIPAA-compliant solution post-pandemic? Why or why not?




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- Mental health group practice has been expanding its marketing efforts. One therapist suggests the agency create a YouTube channel and create LIVE events promoting mental health and addiction, building a sense of community.
  - What does this practice need to determine before moving forward with regards to:
    - protecting former and current clients confidentiality
    - which platform to use (is YouTube the right choice)
  - what are the potential risks involved in implementing this




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- Commercial insurance company requests the records of your client. This is a standard audit for clients with insurance policies from the Marketplace.
  - What should you give the insurance company
  - What if your records are electronic and they request access to your platform to ease of record sharing




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- The marketing team of a multi-location mental health and addiction agency is redoing the website. They have asked the therapists (via email) to please get testimonials from their current clients.
  - What is the harm in obtaining testimonials
  - What should the marketing team know about "social proofing" in MH businesses



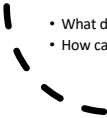
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- A former client leaves a Google Review on the company website. It was a great review. A few weeks later, another client leaves a terrible review.
  - What is the harm in having Google Reviews
  - What should the Informed Consent state about testimonials and reviews



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- A therapist checks their LinkedIn account between sessions and realizes a client has requested to connect. The agency recently updated their employee policies & procedures that connecting with current or past clients via social media is prohibited. The therapist doesn't know what to say to the client at the next session.
  - What did the agency forget to do regarding a social media policy
  - How can the agency stop clients from sending requests on social media



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- A client wants to pay the therapist for his/her copay using Venmo or PayPal. The therapist is newly on her own and is still trying to figure out the billing and administration functions. She quickly sets up a PayPal account so that she can accept copays immediately at the end of the session.
  - Is HIPAA confidentiality violated by using 3rd party payment apps
  - What are better & HIPAA-compliant ways to accept copays from clients

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- A young professional recently started a job working in the field of Alzheimer's and care givers. Many of the current clients on his caseload do not indicate any family members or there are no releases of information for family members listed. The professional turns to Google and Facebook to search for family members and find any contact information for them.
  - Is this ethical to Google people's names for work purposes
  - Should agencies use social media to locate family members

99

- A team of clinicians develop several counseling groups during the pandemic (i.e. Mens and Womens Recovery Groups). The groups are 100% virtual by video.
  - What needs to be considered before implementing these groups
  - Do the "Rules" for Group differ since it is online (i.e. camera on/off, maintaining confidentiality of the group members, etc.)

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Questions?



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Jody Bechtold, LCSW, ICGC-II, BACC

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sign up for monthly emails/newsletters  
[jody@betterinstitute.com](mailto:jody@betterinstitute.com)


(412) 303-0163

Connect with me on LinkedIn

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Stay connected

- Series of **Gambling Treatment Webinars** in 2020-2023
- **Gambling Disorder Treatment Handbook** (co-author), \$40  
[www.Amazon.com](http://www.Amazon.com)



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The advertisement features a central graphic of a tablet displaying the text "HEALTHY VIDEO GAMING COURSES" and the website "www.poweredupcourse.com". A game controller is positioned below the tablet. On the left, the "Powered Up Parent" logo is accompanied by the text "Help parents improve their relationship with their gaming teen" and a QR code. On the right, the "Powered Up Teens" logo is accompanied by the text "Help kids and teens develop healthy gaming habits" and a QR code. The bottom of the ad reads "New: Powered Up Professional".

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Additional Resources:

- Dr. Fredrick Reamer – audio recording on YouTube
- <https://www.youtube.com/watch?v=1vYcwuqG5nQ&t=824s>

The logo for "Therapy Show" features a silhouette of a head with a microphone inside, and the word "Show" in a large, bold font below it. Text includes "Dr. Bridget Nash" and "TherapyShow.com". A logo for "the Better INSTITUTE" is in the bottom right corner.

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## A comprehensive social media policy for your therapy practice

[ Please modify the policy as you see fit for your own practice ]

### **The community for mental health professionals.**

A free, secure space for mental health professionals to collaborate with and meet new colleagues, support each other with referrals and stay connected to a trusted network of peers.



## **My Private Practice 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 various interactions that may occur between us on the Internet.

If you have any questions about anything within this document, I encourage you to bring them up when we meet. As new technology develops and the Internet changes, there may be times when I need to update this policy. If I do so, I will notify you in writing of any policy changes and make sure you have a copy of the updated policy.

### **Friending**

I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

### **Fanning / Liking**

I keep a Facebook Page for my professional practice to allow people to share my blog posts and practice updates with other Facebook users. All of the information shared on this page is available on my website.

You are welcome to view my Facebook Page and read or share articles posted there, but I do not accept clients as Fans of this Page. I believe having clients as Facebook Fans creates a greater likelihood of compromised client confidentiality and I feel it is best to be explicit to all who may view my list of Fans to know that they will not find client names on that list. In addition, the American Psychological Association's Ethics Code prohibits my soliciting testimonials from clients. I feel that the term "Fan" comes too close to an implied request for a public endorsement of my practice.

Note that you should be able to subscribe to the page via RSS without becoming a Fan and without creating a visible, public link to my Page. You are more than welcome to do this.

**Update this with your contact information, including your name, practice name, office address, phone number, website and email address**

## Following

I publish a blog on my website and I post psychology news on Twitter. I have no expectation that you as a client will want to follow my blog or Twitter stream. However, if you use an easily recognizable name on Twitter and I happen to notice that you've followed me there, we may briefly discuss it and its potential impact on our working relationship.

My primary concern is your privacy. If you share this concern, there are more private ways to follow me on Twitter (such as using an RSS feed or a locked Twitter list), which would eliminate your having a public link to my content. You are welcome to use your own discretion in choosing whether to follow me.

Note that I will not follow you back. I only follow other health professionals on Twitter and I do not follow current or former clients on blogs or Twitter. My reasoning is that I believe casual viewing of clients' online content outside of the therapy hour can create confusion in regard to whether it's being done as a part of your treatment or to satisfy my personal curiosity. In addition, viewing your online activities without your consent and without our explicit arrangement towards a specific purpose could potentially have a negative influence on our working relationship. If there are things from your online life that you wish to share with me, please bring them into our sessions where we can view and explore them together, during the therapy hour.

## Interacting

Please do not use SMS (mobile phone text messaging) or messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I may not read these messages in a timely fashion. Do not use Wall postings, @replies, or other means of engaging with me in public online if we have an already established client/therapist relationship. Engaging with me this way could compromise your confidentiality. It may also create the possibility that these exchanges become a part of your legal medical record and will need to be documented and archived in your chart.

If you need to contact me between sessions, the best way to do so is by phone by calling **[ Insert your phone number here ]**. Direct email at **[ Insert your email address here ]** is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

Update this with your contact information, including your name, practice name, office address, phone number, website and email address

## **Use of Search Engines**

It is NOT a regular part of my practice to search for clients on Google or Facebook or other search engines. Extremely rare exceptions may be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email) there might be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) becomes necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

## **Google Reader**

I do not follow current or former clients on Google Reader and I do not use Google Reader to share articles. If there are things you want to share with me that you feel are relevant to your treatment whether they are news items or things you have created, I encourage you to bring these items of interest into our sessions.

## **Business Review Sites**

You may find my psychology practice on sites such as Yelp, Healthgrades, Google My Business, Yahoo Local, Bing, or other places which list businesses. Some of these sites include forums in which users rate their providers and add reviews. 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, or endorsement from you as my client.

The American Psychological Association's Ethics Code states under Principle 5.05 that it is unethical for psychologists to solicit testimonials: "Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence."

Of course, you have a right to express yourself on any site you wish. But due to confidentiality, I cannot respond to any review on any of these sites whether it is positive or negative. I urge you to take your own privacy as seriously as I take my commitment of confidentiality to you. You should also be aware that if you are using these sites to communicate indirectly with me about your feelings about our work, there is a good possibility that I may never see it.

**Update this with your contact information, including your name, practice name, office address, phone number, website and email address**

If we are working together, I hope that you will bring your feelings and reactions to our work directly into the therapy process. This can be an important part of therapy, even if you decide we are not a good fit. None of this is meant to keep you from sharing that you are in therapy with me wherever and with whomever you like. Confidentiality means that I cannot tell people that you are my client and my Ethics Code prohibits me from requesting testimonials. But you are more than welcome to tell anyone you wish that I'm your therapist or how you feel about the treatment I provided to you, in any forum of your choosing.

If you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for your own privacy and protection. If you feel I have done something harmful or unethical and you do not feel comfortable discussing it with me, you can always contact the Board of Psychology, which oversees licensing, and they will review the services I have provided.

### **[Your State Board of Psychology]**

Insert the name and the contact information for the state psychological association that oversees your license

## **Location-Based Services**

If you used location-based services on your mobile phone, you may wish to be aware of the privacy issues related to using these services. I do not place my practice as a check-in location on various sites such as Foursquare, Gowalla, Loopt, etc. However, if you have GPS tracking enabled on your device, it is possible that others may surmise that you are a therapy client due to regular check-ins at my office on a weekly basis. Please be aware of this risk if you are intentionally "checking in," from my office or if you have a passive LBS app enabled on your phone.

Update this with your contact information, including your name, practice name, office address, phone number, website and email address

**Email**

I prefer using email only to arrange or modify appointments. Please do not email me content related to your therapy sessions, as email is not completely secure or confidential. If you choose to communicate with me by email, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails I receive from you and any responses that I send to you become a part of your legal record.

**Conclusion**

Thank you for taking the time to review my Social Media Policy. If you have questions or concerns about any of these policies and procedures or regarding our potential interactions on the Internet, do bring them to my attention so that we can discuss them.

**Acknowledgement of Review of Social Media Policy**

By signing below, I am indicating that I have read this document, understand my rights as a client, and accept the responsibility as stated. I have been offered a printed copy of the Social Media Policy and all questions regarding these policies have been answered to my satisfaction. This document is also available at [ Insert your website address here ]

**Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Name:**

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**Date:**

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**Name:**

\_\_\_\_\_

**Date:**

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**Name:**

\_\_\_\_\_

**Date:**

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**Therapist:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_



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In this expansive and in-depth webinar, Marcus Rodriguez interviews Justine Grosso, who's an expert at building online courses and growing her social media presence / audience. Critical components to thriving as a mental health practitioner in today's internet-driven economy.

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**WATCH THIS PREVIEW**

In this expansive and in-depth webinar, Marcus Rodriguez interviews Sara Makin, the Founder and CEO of Making Wellness. Sara grew Makin Wellness from a solo practice to one of the fastest growing tele-mental health practices in Pennsylvania.

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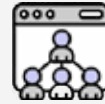


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