

LISA K. SCHKLOVEN, LCSW-C, LLC

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SOCIAL/ELECTRONIC 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. 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/FOLLOWING

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. 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.

INTERACTING

Please do not use messaging on Social Networking sites such as Twitter, Facebook, or LinkedIn to contact me. These sites are not secure and I will not read or respond to these messages. Should you use SMS (mobile phone text messaging) to contact me please understand that, although I am the only one to have access to my mobile phone, the confidentiality of text messaging itself is not guaranteed. 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 medical record and will need to be documented and archived in your chart.

USE OF SEARCH ENGINES

It is not a regular part of my practice to search for existing or former clients on Google, 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 in which I am legally bound to act 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, 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 as it is unethical for therapists to solicit testimonials. You have a right to express yourself on any site you wish. 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. 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. You can 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.

LOCATION-BASED SERVICES

If you use location-based services on your mobile phone, please 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, as this may compromise your confidentiality.

EMAIL

Many people prefer to communicate by email. For this reason, I have engaged the service of a HIPPA compliant, encrypted email provider, mdofficemail.com. Emailing me content related to your therapy sessions can never be guaranteed as completely secure or confidential and is done at your own risk to privacy. 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 record.

[Type here]

ACKNOWLEDGEMENT OF SOCIAL/ELECTRONIC MEDIA POLICY – PROVIDER EMAIL AND TEXT COMMUNICATION

I acknowledge that I have read the above social media policy statement.

I shall designate below whether I grant/do not grant permission to Lisa K. Schkloven, LCSW-C to use electronic mail (email) and/or cell phone text messages to communicate with me.

I understand that Lisa K. Schkloven, LCSW-C shall attempt to protect the privacy of the contents of emails through the use of a HIPPA compliant, encrypted email provider. Lisa K. Schkloven shall use cell phone text messaging only when necessary, and will take reasonable measures to protect my privacy. *I recognize that cell phone text messages are not encrypted. There is a risk that any emails and cell phone text messages may be intercepted and read by unauthorized third parties.*

I also understand the following as it related to email and cell phone text communication:

1. Email and cell phone text messages are not appropriate for conveying information related to emergency situations. If I am experiencing an emergency situation, I understand that I must call 911 and/or immediately go to the nearest emergency room.
2. I should call to verify that an email or cell phone text message has been received if I have not received an answer.
3. I will not use email or cell phone texts for discussion of sensitive, confidential matters. If there is a specific type of information that I do not want included in emails or cell phone texts, it is my responsibility to notify Lisa K. Schkloven.
4. I am solely responsible for the security of email communication and cell phone texts messages sent from and/or stored on my computer or cell phone.
5. My decision to allow Lisa K. Schkloven, LCSW-C to communicate with me by email or cell phone texts messages is voluntary.
6. Lisa K. Schkloven, LCSW-C, or I may stop email communication and/or cell phone texts messages at any time for any reason and will notify the other party of this decision in writing.
7. I agree to notify Lisa K. Schkloven, LCSW-C if my email address and/or cell phone number changes.
8. I will not hold Lisa K. Schkloven, LCSW-C responsible for damages resulting from the use of email communication and/or cell phone texts messages.
9. I understand that all emails related to my treatment received or generated by both myself and Lisa K. Schkloven, LCSW-C will be maintained in my medical record.

(please circle one)

Lisa K. Schkloven, LCSW-C **MAY—MAY NOT** send health care related information to my email address, which is:

(please circle one)

Lisa K. Schkloven, LCSW-C **MAY—MAY NOT** communicate with me by text message at the following phone number:

Printed Name: _____

Signature: _____

Date: _____