

## Developing My Private Practice Social Media Policy

### — Keely Kolmes

In early 2009, I began creating a professional social media presence that extended beyond my website to Twitter and Facebook. While doing this, I began to contemplate the potential for social overlap with my clients on social networking sites. I was considering the impact of both accidental and intentional interactions between psychotherapists and their clients on the Internet. I appreciated that those who shared cultural ties related to ethnicity, sexual orientation, religion, disability status, or other characteristics might also experience greater social overlap online. I brought the topic to Mental Health Camp (a conference about mental health and social media) in Vancouver in April 2009, where I presented a session on these issues. I also began my research on extratherapeutic encounters between therapists and clients on the Internet at this time.

We regularly provide detailed information to clients describing our cancellation policies, fees, confidentiality, and other office information. Creating my Private Practice Social Media Policy was a valuable exercise for considering how my Internet activities might influence clinical care. It also gave me the opportunity to help clients understand how they could expect me to conduct myself as a mental health professional on the Internet. I was also able to reflect upon my understanding of the current APA (2002) Ethics Code and how it might apply to our Internet activities. This article addresses some of the more challenging sections of my policy.

#### Friending

Accepting friend, fan, and contact requests from clients on sites such as Facebook, LinkedIn, or Twitter, brings up two potential issues relevant to the Ethics Code: confidentiality and dual relationship issues. Zur (2010) has made the case that accepting friend requests from clients may not be a dual relationship if the psychotherapist's profile is strictly professional. However, this overlooks our most primary commitment to our clients' protecting client confidentiality. Even when a psychologist's profile is strictly professional, linking to a client's profile creates many opportunities for breaches of confidentiality. It also introduces questions about whether the clinician's access to patient information outside of psychotherapy creates a new responsibility to attend to, follow, or incorporate this data into treatment.



Some clinicians believe that friend requests from clients should be evaluated on a case-by-case basis, stating that particular treatment issues may make it reasonable to accept some requests. Some feel that declining requests from clients can be perceived as a rejection. Choices on how to manage this may also be influenced strongly by theoretical orientation, age, and cultural contexts. My belief has always been that adding clients as contacts is a big enough threat to both confidentiality and the boundaries of the therapeutic relationship to justify a blanket policy of not accepting such requests.

#### Interacting

Email is becoming a convenient way for clients and psychotherapists to communicate quickly. I use email for brief contacts, such as changing appointment times. But many people use email as their first point of contact with me, sending long, detailed messages about their treatment issues. I still feel challenged by the security issues raised by having clients use email as their initial contact and have moved my email from Gmail to hushmail to address some of these concerns. I've also had people use Twitter @replies to ask questions that might be better asked in a phone intake. One of the challenges of electronic media is that potential clients typically have not read our full office policies and may be naively exposing themselves when they inquire about our services.

Psychotherapists who accept friend and contact requests on various sites are creating larger loopholes for non-secure interaction on these sites via direct messaging, @replies, and wall postings. Clinicians who refuse requests may still receive notes or responses from clients (or prospective clients) on such sites, depending upon their privacy settings. Messages from clients, and messages that include health information, also become part of the legal record and can be tricky to document and impossible to delete. It can protect clients and also protect your practice from risk if you remind people not to use these methods to contact you.

#### Use of Search Engines

The Internet is becoming a third-party source for client information. Some clinicians report regularly searching for client information prior to the first session. Others use search engines to verify patient self-reports, while others use them only in rare cases in which they have

concerns about client safety. I've learned that some clinicians use Googlemaps to check on whether clients live near their homes and others have checked Facebook profiles to see how many friends they have in common. Other professionals have reported blocking client email addresses on social networking sites, which may serve as sort of a 'reverse' search in the sense that it is still entering client names into non-secure sites.

When psychotherapists who use search engines to look up client information describe this practice in their treatment agreement, it gives patients the opportunity to make informed consent decisions. Some patients may not feel comfortable working with clinicians who obtain information about them from search engines. In addition, there is always the chance that some of the information gleaned from web searches may not be up-to-date or accurate. If we do not discuss our findings with clients, how can we know if the data we are collecting is error-free?

Just as we document and formalize all other forms of 'consultation,' I also believe that Internet searches should be clinically justified, documented and formalized. I advise clinicians to consider whether they would be comfortable justifying such a search in the chart and disclosing to their client that they conducted the search. This is one way of distinguishing whether a search is done out of curiosity or in service to clinical care.

Some clinicians have made the case that this information is public and that this means we somehow have a right to it. Most people seem to regard the practice of Internet searches as simply collecting information, but what they forget is that it is also a way of disclosing information: entering client names into search engines creates a traceable record that you have searched for the information in ISP databases. Similar data trails are left by searching for clients on Facebook and even entering their names into the Block function on social networks. If it is part of your practice to block clients, you should be aware that this is a way of releasing information about them to social networking sites, and it should be customary to inform clients of this practice. Also be mindful that blocking clients does not guarantee that they are, in fact, blocked, if they use alternate email addresses.

## Responses to My Policy

I posted two drafts of my policy on my blog, while developing it. I invited comments via Twitter and direct email. No clients commented on it, but I did receive feedback from other professionals. My first draft stated that I would delete clients who became **Fans** of my business page on Facebook (Facebook has since changed the action from '**Become a Fan**' to '**Like this Page**') and that I would discuss their removal in our next psychotherapy session. This one sentence of my policy invited the most criticism from other mental health professionals. Some were concerned about how it could affect a client to be deleted from my page. One clinician said that it conveyed the message that I did not trust clients to be adults and decide how to share or not share their psychotherapy with others. My response was that cli-

ents could absolutely decide what to share on their *own* pages, blogs, or Twitter accounts, but that I should also have the right to decide what they could share on mine.

I feel a great responsibility to be sure that those visiting any of my professional sites only use these forums to find out more about me, and not my clients. I also have concerns that putting it anywhere in writing that clients might be allowed, under *any* circumstance, to connect, follow, or **Fan** me, might already be some kind of breach of confidentiality. I fear that it is an invitation to others: 'Feel free to browse my list of contacts. Some of them are in treatment with me.' It seems important to unequivocally state that nobody on these lists is or has been a client of mine.

In response to some of the expressed opinions, I later changed the language of my document to say simply that I did not accept clients as **Fans** of the page. I decided that outlining the action I would take was less important than the policy itself. Not long after, I concluded that having a Facebook business page was too inconvenient for my practice. This was due to the frequent monitoring I did to ensure no clients were following me (although no clients ever did become **Fans** of my page) and to check to be sure I felt comfortable with the comments on my page.

Once I'd completed it, I shared my policy with all of my clients and it remains on my website with other intake forms for all new clients to read before coming into their first session. Thus far, the most common response has been indifference. I suspect that this is because not all of my clients are as immersed in social media as I am. One client expressed appreciation for seeing a clear explanation of my approach and said that it matched what he had already assumed, but that it was nice to see it confirmed in writing. Despite my having a very visible social media presence, I have only had a couple of incidents in which clients have mentioned reading anything on my blog or Twitterstream. These mentions were typically along the lines of, "That was an interesting article" in reference to something very specific.

## Developing Your Own Policy

I allow clinicians to borrow, copy, or modify my policy and adapt it for their own practice. Your choices may differ from mine. As you develop your policy, consider providing brief explanations for your choices so that your clients can understand your reasoning and how you might respond to their respective requests.

## References

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- Kolmes, K. (2010, April). Private practice social media policy. [PDF file]. Retrieved May, 2010, from <http://www.drkkolmes.com/docs/socmed.pdf>
- Zur, O. (2010). Clinical update: Facebook 'friend' request. [Online publication]. Retrieved March 2010, from [http://www.zurinstitute.com/facebook\\_clinicalupdate.html](http://www.zurinstitute.com/facebook_clinicalupdate.html)

## 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** *As of 4/14/10, I deleted my Facebook Page after concluding that the potential risks of maintaining such a Page outweigh any potential gains. This section has been included for those who wish to use the original document as a model.*

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.

### 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. Direct email at drkkolmes [at] hushmail [dot com] is second best for quick, administrative issues such as changing appointment times. See the email section below for more information regarding email interactions.

### 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 ensur-

ing 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, 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.

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.

Board of Psychology  
1422 Howe Avenue, Suite 22  
Sacramento, CA 95825  
1-866-503-3221  
[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)

## 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.

## 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 email I receive from you and any responses that I send to you will be printed out by me and kept in your treatment 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.

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