

# Social Media & Online Communication Policy

## Pediatric Neuropsychology Associates PLLC

Review Frequency: Periodic review as needed or when regulatory or operational changes occur.

Retention: Retain all related documentation in accordance with applicable laws and practice policies (minimum 7 years recommended per HIPAA)

### 1. Purpose

This policy outlines the appropriate use of social media and online communication at Pediatric Neuropsychology Associates PLLC. It aims to protect your confidentiality, maintain professional boundaries, and ensure compliance with HIPAA, APA ethics, and Florida law.

### 2. Scope

This policy applies to all clients and any public-facing online activity related to the practice.

### 3. Use of Practice Social Media Accounts

The practice maintains professional social media accounts (e.g., Instagram, Facebook, LinkedIn) to:

- Share general mental health information
- Promote public events or services
- Reduce stigma and encourage education

No Protected Health Information (PHI) or client-identifying content is ever posted. We do not post or tag photos of clients under any circumstances.

### 4. Image & Tagging Consent

Clients will never be photographed, tagged, or featured in any social media posts without prior written consent.

### 5. Client Interactions on Social Media

To maintain your privacy and the integrity of the therapeutic relationship:

- We do not accept "friend" or "follow" requests from current or former clients on any personal or professional accounts
- You may view or follow the practice's public business accounts but please avoid commenting, liking, or sharing posts to protect your confidentiality
- Social media platforms are not monitored for messages. Do not use social media to contact your provider or share sensitive information

### 6. Online Reviews and Testimonials

We do not solicit, encourage, or respond to client reviews on platforms like Google, Yelp, or Facebook. Responding to reviews could unintentionally disclose your status as a client. If you have feedback or concerns, please contact the practice directly and confidentially.

### 7. Email & Text Communication

Email and text messages are used only for non-clinical, administrative matters such as scheduling, billing, or appointment confirmations. No clinical information, mental health concerns, or protected health information (PHI) should be discussed via these channels unless you have signed an Electronic Communication Consent Form, acknowledging the risks of electronic communication and their limitations., and even then electronic communication is not used for emergencies. In emergencies, clients should contact 911 or go to the nearest emergency room.

### 8. Emergency Protocols

Social media, email, and text messages are not monitored continuously. In an emergency, please call 911 or go to the nearest emergency room immediately.

### 9. Use of Telehealth and Client Portals

The practice uses HIPAA-compliant telehealth platforms for remote sessions. Secure client portals may also be used for messaging, completing forms, or sharing documents and care plans.

### 10. Searching for Client Information Online

We do not search for clients or their families on social media or other online platforms except in rare safety-related cases (e.g., if a client is missing or in danger), and only under legal and ethical guidance.

### 11. Digital Footprint Awareness

Clients should be aware that interacting with our content (e.g., liking, commenting) may unintentionally reveal their client status to others. We advise clients not to engage publicly with practice-related content.

### 12. Use of AI or Automated Tools

The practice may use secure, automated tools (e.g., scheduling bots, content generators) which are never used for PHI, clinical care, or client-specific communication. All tools are reviewed for HIPAA compliance.

### 13. Policy Updates

This policy may be revised at any time to reflect changes in technology, legal requirements (HIPAA, Florida law), or best practices. Clients will be informed of material changes.

### 14. Questions or Concerns

Please contact:

Pediatric Neuropsychology Associates PLLC  
2699 Stirling Rd Suite C306C  
Ft. Lauderdale, FL 33312  
Phone: 954-284-0048

### Electronic Signatures and Records

By signing this form electronically, I agree that my electronic signature and any related electronic records shall have the same legal validity and enforceability as a handwritten signature and paper documents. I acknowledge the use of electronic records for this agreement.

### Parent/Legal Representative Acknowledgment of Receipt and Review (for Minors or Individuals Lacking Legal Capacity)

I acknowledge that I have received, read, and understood the Social Media & Online Communication Policy of Pediatric Neuropsychology Associates PLLC. I understand that this document is provided for informational purposes and does not require my consent for services.

By signing below, I confirm that I am the parent or legal representative of the patient named below and that I have the legal authority to receive and acknowledge this information on the patient's behalf.

I understand that I am not required to sign this acknowledgment. If I choose not to sign, the practice will document that the document was provided to me.

Printed Name of Patient:

Printed Name of Parent/Legal Representative:

Signature of Parent/Legal Representative:

Relationship to Patient:

Date:

*A copy of this signed form will be retained in the patient's health records.*

### For Office Use Only

Date Received:

Received By:

Staff Role:

Filing Method:    Paper File            Digital File            Both

Notes: