

Novo Psychotherapy, LLC

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SOCIAL MEDIA POLICY

We understand in this day and age Social Media platforms, such as Facebook, Instagram, Twitter, etc. are widely used. We ask you to please read over our policy on social media and sign the form, indicating you understand and accept the responsibilities and limitations.

Our policy is that we cannot be “friends” on any platform of social media. If there is any information you want to share with your provider, please bring the information to session. Novo Psychotherapy does have a professional Facebook page (www.facebook.com/novopsychotherapy), with the intent to reach potential clients in the area and to share helpful information. You are more than welcome to visit the page, but urge you not to “friend” any of our providers or comment on Facebook or LinkedIn as this could compromise your confidentiality. The same holds true for your provider, we will not use the internet to seek out information on you, unless there is a threat to your safety and your provider has exhausted all other means of trying to reach you. Emails, cell phones, computers and faxes are also not a 100% secure. We are willing to correspond via email, phone or text, regarding non-urgent, non-clinical matters, but we want you to know the potential risks to your confidentiality. Our providers have firewall, anti-virus software and our electronic medical records system is triple encoded, however, computers, email, and phones can be accessed by unauthorized users, therefore, privacy and confidentiality can be compromised. Please note, whatever information you share via email or text, is not completely secure.

If you were to see your provider in a public setting (e.g. a restaurant or grocery store), they would follow your lead and only acknowledge you if you reached out first. If you chose to ignore them, your provider would do the same as a way to honor your confidentiality. If you choose to engage or introduce your provider as ‘your therapist’, than s/he would follow your lead, and say hello.

Thank you for taking the time read over and review these policies. Your signature indicates you have read and understand the risks associated with communicating via phone, internet, email or fax.

NAME

DATE