
JENNIFER L. PFEFFER LCSW

Social Media and Communication Policy: 3/4/2019

This document describes Jennifer L. Pfeffer's practice policies regarding social media and related technologies. Since social media is rapidly evolving, this policy will be updated as needed. Many of the modes of electronic communication put your privacy at risk. My license requires that I follow the *Code of Ethics* put forth by the *National Association of Social Workers* and this code recommends against using electronic forms of communication in your treatment.

Social Media

I do not communicate with, or contact, any clients through social media platforms like Twitter, Facebook, Instant Messaging, and Instagram. Electronic relationship status will be cancelled if it is discovered that an online relationship was accidentally established. This is because these types of casual social contacts can create a blurring of the therapist-client relationship and could adversely affect the therapeutic relationship. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it during your next scheduled session.

Email Communication and Text Messaging

I will not initiate communication using email, except with client permission. I will only use email communication and text messaging with your verbal permission (the "*Request for Transmission of Protected Health Information By Non-Secure Means Form*" must be signed) and only for administrative purposes unless we have made another agreement. That means that email exchanges and text messages with me should be limited to things like scheduling and changing appointments, billing matters, and other related issues.

Do not use PHI (personal health information such as name, date of birth, etc.) when using electronic communication because access to electronic information is not assumed to be protected or private. **Please do not use email or texting for treatment-related issues.**

Phone Calls

You may call me at the number listed on my website and business card for matters that can be handled in a brief amount of time. I do not conduct therapy sessions via phone call. Also, be aware that I may not be available at the time of your call. My voicemail is confidential but please remember that voicemail is not always able to be checked frequently during the day.

Please sign below if you understand the policy regarding electronic communications when working with Jennifer L. Pfeffer LCSW

Client Signature

Date

Guardian/Power of Attorney Signature

Date

Witness Signature

Date

REQUEST FOR TRANSMISSION OF PROTECTED HEALTH
INFORMATION BY NON-SECURE MEANS

I, _____
(name of client)

(date of birth)

AUTHORIZE: Jennifer L. Pfeffer LCSW
(name of clinician)

3800 West 12th.
(street address)

Erie, PA 16505

TO TRANSMIT TO ME BY NON-SECURE MEDIA THE FOLLOWING TYPES OF PROTECTED HEALTH INFORMATION RELATED TO MY HEALTH RECORDS AND HEALTH CARE TREATMENT:

- Information related to the scheduling of appointments
- Information related to billing and payment (but not to include any financial or claims-related identifiers including, but not limited to, credit card numbers, insurance plan numbers, diagnosis codes, or procedure codes.)
- Other

TERMINATION

_____ This authorization will terminate at the completion of treatment.

OR

_____ This authorization will terminate when the following event occurs:

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this authorization at any time.

(Signature of client)

Date

(Signature of Guardian)

Date

(Signature of witness)

Date