



Heads Together Therapy

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07752397180

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## **Social Media Policy**

Social media is a useful tool for connecting, marketing and sharing of business and therapeutic information with the general public. I use social media for this purpose. I do not engage in therapeutic interventions online. This document outlines my social media policy, please take the time to read it so that you are informed about how I conduct myself online.

### **Privacy & Confidentiality**

My primary concern is your privacy and confidentiality. You are under no obligation to follow my business pages on social media. Please note that if you choose to follow me on social media, the contacts on your account will be able to see that you are linked to a counselling/psychotherapy business. I won't ever follow you back and under no circumstances will I ever reveal that I am connected to you as your therapist.

### **Friending**

I do not accept friend requests from current or past clients. Over the course of our therapy together, the therapeutic relationship and the boundaries that we set in therapy are paramount to your psychological safety, recovery and growth. Friending blurs these boundaries. The reason I don't friend past clients is because once we 'friend', the relationship shifts and it would then become a 'dual relationship'. These types of relationships are advised against by therapy associations in their Code of Ethics. It would therefore be unethical of me to 'friend' you. I take your healing journey seriously and will always keep the door open for you to return at any time in the future. If we have 'friended', that wouldn't be possible.

### **Private Messaging**

I do not accept private messages via my social media accounts. Please contact me as per our Client Contract, this is via text message or email.



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I have read the Social Media Policy and understand that whilst social media is a useful tool for connection and resources, it also has limitations in regards to privacy and confidentiality. By signing this policy, I agree to adhere to the policies laid out in this document.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_