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SOCIAL MEDIA POLICY

This document provides an overview of the Social Media Policy at Family Psychiatry of Georgia, LLC. Please read and sign showing that you understand the way that physicians at Family Psychiatry of Georgia, LLC respond to various interactions that may occur between client and physician electronically.

Emails, cell phones, computers and faxes are not guaranteed to be 100% private. Although all clinicians at Family Psychiatry of Georgia, LLC are required to have password protections on their computers and cell phones, it is important to realize that computers, email and cell phone communication can be accessed by unauthorized persons and therefore can compromise the privacy and confidentiality of such communication.

Please limit emails to changes in appointment times, scheduling of appointments or other brief exchanges. If you choose to communicate confidential or private information via email, Family Psychiatry of Georgia, LLC will assume that you have made an informed decision and will view it as your agreement to take the risk that this communication may not be 100% confidential. If you choose to email content related to your sessions, please note that email is not completely secure or confidential.

If email communication outside of sessions requires more than 5 minutes to read and respond to, you may be charged for professional services rendered in 10-minute increments. Please indicate in your email if you intend to pay for these services or if you would like your physician to save the email for review during your session.

Physicians at Family Psychiatry of Georgia, LLC are not able to "friend" patients on Facebook or other social media sites or connect on LinkedIn as this could compromise the confidentiality of clients. Our physician also does not Tweet with patients and do not send or receive texts not related to appointments.

In public situations, clients have control over their own description of the nature of their acquaintance with their physician. For example, if you see your physician at church or school and you choose to ignore your physician, your physician will follow your lead and do the same. If you introduce your physician to your friends, your physician will agree with your description of how you know them.

Thank you for taking your time to review these policies. If you have any questions or concerns, please bring them to the attention of your physician.

I have read the policies, understand, and agree with them.

Patient's Signature: _____ Signature of Guardian if Minor: _____

Patient's Name : _____

Date: _____