

FREE GUIDE FOR ABA CLINIC OWNERS

Post Without Fear

How to market your clinic on social media without HIPAA violations, consent problems, or BACB ethics headaches.

Inside: what counts as PHI, what a strong media release includes, the BACB standards your BCBA's follow, 23 post ideas that need no client information, safe review replies, and a checklist to run before every post.

BEFORE YOU START

You didn't open a clinic to worry about Instagram.

But families are looking you up before they ever call. This guide shows you how to show up online, week after week, without putting a single client's privacy at risk.

Many ABA owners stay quiet on social media because one wrong photo feels like a HIPAA complaint waiting to happen. That caution is smart. It's also expensive. A parent comparing three clinics will trust the one with a warm, active page over the one whose last post was from 2022.

The good news: safe, effective social media for an ABA clinic comes down to a handful of clear rules and one habit, checking before you post. You don't need client photos to build trust. You need a plan.

What's inside

- | | |
|--|---|
| 01 What counts as protected information | 05 Red flags: the mistakes clinics make most |
| 02 When you need written permission | 06 Replying to reviews and comments |
| 03 What the BACB Ethics Code adds | 07 The 60-second pre-post checklist |
| 04 23 posts that need no client info | 08 Your staff social media policy |

16
YEARS IN
MARKETING

Who wrote this guide

Bright Path Marketing brings 16 years of marketing experience across industries, from Fortune 500 brands to local health care practices. Today, our focus is ABA therapy. We create content for ABA clinics every week, so we know the questions parents ask, the rules your BCBAs follow, and what it takes to grow enrollment without cutting corners on privacy.

What counts as protected information

Any detail that could identify a client, combined with the fact that they receive services from you, is protected health information (PHI).

Simply being seen at an ABA clinic reveals something about a child's health. That's why a harmless-looking photo can be a disclosure. HIPAA lists 18 identifiers. These are the ones that sneak into social posts most often:

Identifier	How it slips into a post
Face or full-body image	A child in the background of a staff photo or event video
Name or initials	"Congrats, J.M.!" or a name on a cubby, lunchbox, or piece of artwork
Voice	A child talking or vocalizing in a video clip
Dates	Birthdays, "graduation" dates, start dates
Location smaller than a state	Tagging a family's school, neighborhood, or a home session
Unique features	Distinctive clothing, a parent's tattoo, a recognizable car
Treatment details	Goals, data sheets, behavior plans, or schedules on a whiteboard

Blurring isn't a free pass

A blurred face doesn't always make a post safe. A name on a backpack, a parent in the frame, or a caption like "our newest learner" can still identify a child to anyone who knows the family.

When you need written permission

If a post includes any client PHI, you need a signed HIPAA authorization before it goes up. A verbal "sure, go ahead" at pickup is not enough.

HHS is clear: the Privacy Rule requires an individual's written authorization before PHI is used or disclosed for marketing.¹

What it costs to skip this step

In September 2025, Cadia Healthcare paid **\$182,000** to settle with the HHS Office for Civil Rights. It had posted about 150 patients' names, photos, and recovery details as "success stories" without written authorization. It also had to notify every affected patient.²

For minors, the parent or legal guardian signs. In custody situations, confirm who has legal authority. Many clinics also ask for the child's assent when the child can give it, which fits ABA's focus on dignity.

A strong media release includes

1. Exactly what will be shared (photos, video, first name, a quote)
2. Where it will appear (Instagram, Facebook, website, ads, newsletter)
3. What it's for (marketing and promotion)
4. An expiration date or event, like "12 months" or "end of services"
5. The right to revoke in writing, and how to do it
6. A statement that services don't depend on signing
7. A note that public posts may be reshared by others
8. Parent or guardian signature and date

Make it itemized, not a blanket checkbox

A parent may be fine with a hands-only photo but not a face. Let families opt in item by item, keep signed releases on file, and keep a simple log of who approved what.

What the BACB Ethics Code adds

Your BCBA's answer to the BACB Ethics Code, and in a few places it's stricter than HIPAA. Build your social media rules around both.³

Standard	What it means for your posts
5.02 Confidentiality in public statements	Take reasonable steps not to reveal identifying details about clients, even by accident.
5.07 Testimonials from current clients	Don't ask current families for testimonials for advertising. Unsolicited Google or Facebook reviews are fine, but don't reshare or promote them.
5.08 Testimonials from former clients	Allowed with care. Mark each as solicited or unsolicited, describe the relationship accurately, explain where it will appear, and confirm they can withdraw anytime.
5.10 Social media and websites	Never post client content on personal accounts. On clinic accounts, get informed consent for each post, add a consent notice, publish in ways that limit resharing, and monitor for misuse.
5.11 Digital content in public statements	Use client photos or video only for the purpose and audience the family agreed to, with a disclaimer that consent was obtained.

A consent caption you can copy

"Shared with written permission from this family. Please do not copy or reshare without permission."

The rule that surprises most owners

Under 5.07, reposting a current parent's glowing review to your feed counts as promoting a testimonial. Thank them privately instead.

23 posts that need no client information

Most of your best-performing content never needs a client in it. Parents want to know who you are, how you work, and whether they can trust you with their child.

● Meet the team

- RBT and BCBA spotlights: why they chose ABA
- "A day in the life" of a BCBA, filmed in an empty clinic
- Staff milestones: certifications, anniversaries, conferences
- Hiring posts and culture videos
- Your founder's story and why the clinic exists

● Show the space

- Clinic tour video, before or after hours
- New sensory room, therapy rooms, or playground
- Materials explained: "Why we use this in sessions"
- Setting up for the day, with no clients present

● Educate parents

- "What is ABA?" in 30 seconds
- What to expect at an intake appointment
- How insurance authorization works in your state
- Early signs of autism and when to ask about an evaluation
- Myth vs. fact series
- Tips for holidays, haircuts, dentist visits, and travel
- One common parent question, answered each week
- ABA terms explained: reinforcement, mand, pairing

● Community and credibility

- Autism Acceptance Month content in April
- Local events, sponsorships, and school or pediatrician partnerships
- Autism research news in plain language
- Behind-the-scenes staff training
- Staff-acted scenarios showing a strategy (never clients)
- Graphics built around your clinic's values

With written consent only: client milestones, family stories, and session footage. They can be powerful, so save them for families who have signed an itemized release.

The mistakes clinics make most

Most violations aren't reckless. They're a busy team member posting something sweet without a second look.

- 1 **The background problem.** A staff photo or event video catches a child, a parent, or a name on a cubby.

- 2 **Whiteboards and screens.** Session schedules, client initials, data sheets, or a laptop open to your practice management system.

- 3 **"Celebrating progress" posts.** "So proud of our friend who said his first word today!" can identify a child to anyone who knows the family, even with no photo.

- 4 **Staff personal accounts.** An RBT posts a session selfie or a work story on their own Instagram or TikTok. BACB 5.10 prohibits it, and your clinic is still exposed.

- 5 **Tagging and check-ins.** Tagging a parent, a family's school, or a home-session location.

- 6 **Reposting parent content.** A parent tags your clinic in a photo of their child. Resharing it is a new disclosure and can promote a current-client testimonial.

- 7 **Expired or vague consent.** Using a photo from a family who left two years ago, or relying on a blanket checkbox in the intake packet.

- 8 **Replying to reviews with details.** See the next page.

- 9 **Event photos without a plan.** Graduations, holiday parties, and fundraisers bring the most photos and the most risk. Use a sticker or wristband to mark families who opted out.

Replying without disclosing

Never confirm that a reviewer is a client, even when they've said so publicly. A parent can share their own child's information. You can't repeat it or add to it.

A \$30,000 reply

In 2023, a New Jersey practice paid \$30,000 after responding to negative online reviews with details about patients' diagnoses and treatment. HHS says it keeps receiving complaints like this.⁴

Negative review: safe reply

"Thank you for sharing this. We take every concern seriously, and privacy rules keep us from discussing anyone's care online. Please call our clinic director at [phone] so we can talk directly."

Positive review: safe reply

"Thank you so much for the kind words! Our team loves what we do."

Avoid replies like these

"We're so glad your son is doing well in his program!" Confirms the client and the service.

"As we discussed at your last session..." Confirms the relationship.

"Actually, your daughter's sessions were canceled because..." Discloses care details.

The same rules apply to comments on your posts and to direct messages a parent could screenshot. Move anything about care to a phone call or your secure patient portal.

The 60-second pre-post checklist

Run every post through this before it goes live. If any answer is "no" or "not sure," hold it.

- ☐ No client faces, bodies, or voices appear anywhere, including backgrounds and reflections

- ☐ No names, initials, or nicknames on screen, in the caption, or on cubbies, artwork, or bags

- ☐ No whiteboards, schedules, data sheets, or screens are visible

- ☐ The caption doesn't describe a specific child's progress, behavior, or diagnosis

- ☐ No families, schools, or home locations are tagged

- ☐ If a client appears: a signed, current, itemized release covers this exact use

- ☐ If a client appears: the consent caption is included

- ☐ It's posting from the clinic account, not a personal one

- ☐ A second person has reviewed it (recommended for any post featuring clients)

Tip: print this page and keep it wherever your team creates content.

Your staff social media policy

Many risky posts come from well-meaning staff, not the clinic account. A one-page policy, signed at onboarding and reviewed each year, closes most of that gap.

- 1 **No client content on personal accounts, ever.** That includes photos, videos, stories, and "funny thing that happened at work" posts, even without names.
- 2 **No personal phones for client photos.** Use clinic-owned devices and store media in a secure clinic system.
- 3 **One approval path.** Only designated staff post to clinic accounts, and posts featuring clients get a second review.
- 4 **No friending or following current families** from personal accounts. It protects boundaries and privacy.
- 5 **How to handle a family's tag or post.** Don't like, share, or comment from a personal account.
- 6 **What to do after a mistake.** Take the post down right away, tell your privacy officer, and document it. Your privacy officer decides whether breach notification is required.
- 7 **Training for everyone who touches marketing.** Include this policy in HIPAA training, and hold outside agencies to it too. Any agency that handles client information should sign a Business Associate Agreement (BAA).

Sources

1. HHS, Marketing under the HIPAA Privacy Rule: hhs.gov/hipaa/for-professionals/privacy/guidance/marketing
2. National Law Review, "OCR Reaches HIPAA Settlement with Cadia Healthcare Facilities" (2025): natlawreview.com
3. BACB, Ethics Code for Behavior Analysts, Section 5: [bacb.com](https://www.bacb.com)
4. HHS press release, June 5, 2023, OCR agreement with New Jersey health care provider: hhs.gov

This guide is general information, not legal advice. State privacy laws may add requirements. Have your privacy officer or a health care attorney review your media release and policies.

WANT THIS HANDLED FOR YOU?

Consistent, parent-focused content. Privacy built in.

You focus on your clients and your team. We plan, film, write, and post, with every rule in this guide built into our process.

12 social posts / month

Planned around what parents are searching for, posted on a steady schedule.

4+ custom videos

Short-form video. It's what parents engage with most.

1 blog post

An SEO article that helps local families find your clinic on Google.

1 parent newsletter

Keeps current families informed and engaged, and builds referrals.

16 years in marketing

Experience across industries, from Fortune 500 brands to local health care practices.

Focused on ABA

We speak parent and BCBA. You won't spend time explaining what a mand is.

Privacy-checked

Every post runs through a privacy review before it goes live.

EXCLUSIVE GUIDE OFFER

Mention this guide and get 10% off Bright Path services.

Valid with a minimum 3-month subscription. Book a free 20-minute call. We'll review your current social media and show you a sample content calendar for your clinic.

VISIT

brightpath.marketing

CALL

(313) 261-6224

Bright Path
M A R K E T I N G

Ayesha Qureshi, Founder · Bright Path Marketing, a Q Line Media Company