Therapy practice marketing audit checklist

Healthcare Marketing Partners

A business-level self-assessment before an ad-account discussion

Review advertising scope, costs, public destinations and aggregate measurement without collecting patient information. This worksheet is your self-assessment, not a completed HMP audit, account certification or guarantee of improvements.

Check each box after reviewing the item. An unchecked or uncertain item is a question to investigate, not proof of a violation. Record only business-level issues in the action log. Do not change an account or share credentials to complete this worksheet.

Printable self-assessment; not a fillable clinical or financial-record collection form. Blank lines and boxes are for the owner's local business review.

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1. Establish scope, control and costs

> Review period: _____ Practice/business label: _____
> Reviewer role: _____ Business question: _____
> Use an approved service summary and business aggregates—not patient records.

- ☐ **01. Name the advertising decision.** Identify the current account question: unclear conversion counts, spending scope, service routing or another defined issue. Do not substitute a promise to fill every appointment for an answerable business question.
- ☐ **02. Confirm approved services and access.** Check the actual service, appointment format, location and lawful service area. The practice's responsible reviewers approve clinical wording, licensure and availability; marketing does not make those determinations.
- ☐ **03. List platforms and location scope.** Record which Google or Meta accounts and practice locations are included in the agreement. Do not assume that one-platform management covers both platforms or every location.
- ☐ **04. Identify control and permissions.** Ask the authorized practice role to confirm account access, payment responsibility and agency dependencies through approved systems. Do not enter account identifiers, passwords, recovery codes or payment details here.
- ☐ **05. Separate management from media.** Record whether reporting distinguishes management fees, setup and client-paid advertising spend. HMP uses flat management fees, not a percentage of media spend; confirm the actual written scope.
- ☐ **06. Check the public destination.** Review the advertised page's approved service and inquiry route. Note inaccurate information or a broken public link. Do not submit a patient inquiry or test lead, and do not treat this check as a website-redesign engagement.

Keep any budget figures in the practice's approved business records. This worksheet does not authorize a budget change, move billing or grant an agency account access.

2. Review message, policy and data boundaries

Use the current official policy for each platform. A checked box records that you reviewed a question; it does not certify legal, privacy or platform compliance.

- [ ] **07. Check the applicable Google healthcare category.** Review Google’s healthcare policy for the advertised service, destination and geography. Prescribing or other restricted services can raise additional requirements; do not assume every mental-health practice has identical rules.
- [ ] **08. Review Meta personal-attribute wording.** Check whether ads assert or imply the viewer’s mental or physical health or other restricted personal attributes. Describe approved services rather than claiming to know someone’s condition.
- [ ] **09. Flag unsupported public promises.** Flag guarantees of clinical outcomes, invented credentials or claims the practice cannot substantiate. Assign factual review to the appropriate practice role; do not improvise replacement clinical claims.
- [ ] **10. Exclude patient-list and health-remarketing tactics.** HMP’s approach excludes patient-list uploads, patient targeting and remarketing based on health activity. Do not copy patient customer lists into an advertising platform to assess the account.
- [ ] **11. Map tracking without exporting personal data.** Ask for an approved description of tags, events and destinations. Check that names, contact details, appointment reasons and clinical information do not flow into advertising events, pixels or URLs.
- [ ] **12. Review sensitive page boundaries.** Flag advertising technology on authenticated, intake or scheduling flows for appropriate review. Do not add or preserve it by default, and do not access the clinical system to investigate.
- [ ] **13. Keep unresolved policy questions visible.** Refer uncertainty to the appropriate platform, privacy, clinical or legal reviewer. Privacy-first is a design approach—not a certification, approval or promise that a particular configuration is compliant.

Assessment is not implementation. No patient information belongs in a marketing report, this worksheet, a public audit form or general-purpose chat. Use business-level descriptions only.

3. Check what the reporting actually counts

Review definitions before comparing results. A click, chat start, form submission or platform conversion is not automatically a distinct new client.

- [ ] **14. Align the reporting window and scope.** Check that spending and booking counts describe the same period, service and location scope. Record changes in definitions rather than presenting unlike periods as directly comparable.
- [ ] **15. Define gross distinct new-client bookings.** The practice checks identities and duplicates inside its own approved systems. Marketing receives approved aggregate counts, not personal-level appointment or clinical-system exports.
- [ ] **16. Separate cancellations and net bookings.** Use the agreed cutoff and treatment of reschedules. Net booked new clients means gross distinct bookings minus cancellations in the reporting view; do not count the same person twice.
- [ ] **17. Keep attended and paid separate.** An appointment being booked does not prove attendance, collection, profit or a clinical result. Label each aggregate according to the practice's approved reporting rule.
- [ ] **18. Check the cost basis.** HMP's cost per net booked new client uses client ad spend divided by the distinct net-booking count. Show management fees separately. If there are no net bookings, do not report a meaningful cost-per-booking ratio.
- [ ] **19. Check whether a breakdown could identify someone.** Small service or location categories may need combining or withholding. An aggregate label alone does not guarantee privacy; use the practice's approved sharing process.
- [ ] **20. Distinguish navigation from acquisition.** Ask whether existing-client navigation or brand activity is being mixed with new-client acquisition. Record the reporting limitation without requesting identifiable search queries or patient messages.

Attribution is limited. An account trend does not prove that advertising caused every booking. Keep agreed definitions and relevant business changes beside the report, without patient examples.

4. Choose the next question—not a promised result

Review status: ready for a scoped discussion / business information missing / policy or privacy review needed. Choose a description and list the unresolved business issues below.

- ☐ **21. Prioritize uncertainty.** Address data-sharing, policy and inaccurate-service questions before treating higher spending as the solution. This worksheet does not authorize campaign edits or determine legal compliance.
- ☐ **22. Assign a business owner and review point.** Record the responsible role, next step and agreed date. Keep patient circumstances, identifiers and credentials out of the log.
- ☐ **23. Match the request to the actual offer.** HMP provides agreed Google/Meta management and a free ad-account audit. This checklist does not offer standalone SEO, website redesign, directory optimization or clinical operations.
- ☐ **24. Separate inquiry, review and implementation.** An audit inquiry is not account-access permission or a commitment to management. Any review scope, authorized access, implementation and paid work must be agreed separately.

Business-only action log

Item / business issue (no identifiers)	Next action / responsible role	Agreed review date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have an existing ad-account question?

Request HMP's free ad-account audit for a defined business-level question. For the agreed review, HMP provides plain-language findings about available account information. Scope and authorized access are confirmed separately; acceptance, fixes, savings and appointments are not guaranteed. Do not send patient information, passwords or access codes.

Request a free ad-account audit

Current scope/pricing · Privacy

Public references

Public sources reviewed November 7, 2026 (EST America/Louisville). Workflow prioritization is editorial, not a mandated universal checklist.

- HMP audit scope
- Google healthcare
- Google personalized advertising
- Meta privacy/personal attributes