

# Audrey Bloom, Ph.D. LLC

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## **INFORMATION, AUTHORIZATION, & CONSENT TO TELEMENTAL HEALTH**

Thank you so much for choosing the services that I provide. This document is designed to inform you about what you can expect from me regarding confidentiality, emergencies, and several other details regarding your treatment as it pertains to TeleMental Health. TeleMental Health is defined as follows:

“TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, telephone, video, Internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers.” (Georgia Code 135-11-.01)

TeleMental Health is a relatively new concept despite the fact that many therapists have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of TeleMental Health services in order to provide you with the highest level of care. Therefore, I have completed training in TeleMental Health. I have also developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

### The Different Forms of Technology-Assisted Media Explained

#### **Video Conferencing (VC)**

Video Conferencing is an option for us to conduct remote sessions over the Internet where we not only can speak to one another, but we may also see each other on a screen. I utilize Doxy.me. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Doxy.me is willing to attest to HIPAA compliance and assumes responsibility for keeping our VC interaction secure and confidential. If we choose to utilize this technology, use the instructions indicated below. I also ask that you please sign on to the platform at least five minutes prior to your session time to ensure we get started promptly. You are responsible for initiating the connection with me by getting online at the time of your appointment. No email notification will be sent to you before your appointment.

I strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the Internet through a public wireless network, etc.).

#### **Login Instructions for Video Conferencing**

1. Go to [www.doxy.me/draudreybloom](http://www.doxy.me/draudreybloom)
2. Enter name of client
3. Click 'Check In' button (you should see a small video of yourself on the upper right corner of the screen)
4. Please wait for Dr. Bloom to start the session

#### **Telephone via Landline**

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided me with that phone number, I may contact you on this line from my own landline in my office or from my cell phone, typically only regarding setting up an appointment if needed. If this is not an acceptable way to contact you, please let me know. Telephone conversations (other than just setting up appointments) are billed at my hourly rate.

Please initial that you have read this page: \_\_\_\_\_

### **Cell Phones**

In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, I realize that most people have and utilize a cell phone. I may also use a cell phone to contact you, typically only regarding setting up an appointment if needed. Telephone conversations (other than just setting up appointments) are billed at my hourly rate. Additionally, I may keep your phone number in my cell phone, but, if so, it is listed by your initials only and my phone is password protected. If this is a problem, please let me know, and we will discuss our options.

### **Text Messaging**

Text messaging is not a secure means of communication and may compromise your confidentiality. Furthermore, sometimes people misinterpret the meaning of a text message and/or the emotion behind it. Therefore, **I do not utilize texting in my therapy practice, and I will not respond to a text message for your protection.** If you happen to send me a text message by accident, you need to know that I am required to keep a copy or summary of all texts as part of your clinical record that address anything related to therapy.

### **Email**

I utilize a secure email platform called Hushmail for some administrative purposes only. This email is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Hushmail is willing to attest to HIPAA compliance and assumes responsibility for keeping our emails secure and confidential. If we choose to utilize this technology, I will give you needed instructions. I utilize email only for administrative purposes such as sending notices, superbills or forms. I do not utilize email for scheduling sessions or for clinical conversations with any of my clients, and I will not respond to an email regarding these issues. If you happen to send me an email by accident, you need to know that I am required to keep a copy or summary of all emails as part of your clinical record that address anything related to therapy.

### **Faxing Medical Records**

If you authorize me (in writing) via a "Release of Information" form to send your medical records or any form of PHI to another entity for any reason, I may need to fax that information to the authorized entity. It is my responsibility to let you know that fax machines may not be a secure form of transmitting information. Additionally, information that has been faxed may also remain in the hard drive of my fax machine. However, my fax machine is kept behind two locks in my office and when my fax machine needs to be replaced, I will destroy the hard drive in a manner that makes future access to information on that device inaccessible.

### **Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, etc.**

It is my policy not to accept "friend" or "connection" requests from any current or former client on my personal social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of our relationship.

### **Google, Bing, etc.**

It is my policy not to search for my clients on Google, Bing, or any other search engine. I respect your privacy and make it a policy to allow you to share information about yourself with me as you feel appropriate. If there is content on the Internet that you would like to share with me for therapeutic reasons, please print this material out and bring it to your session.

### **Recommendations to Websites or Applications (Apps)**

During the course of treatment, I may recommend that you visit certain websites for pertinent information or self-help. I may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other

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products. Additionally, anyone who has access to the device you used to visit these sites/apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that I do not make these recommendations. Please let me know by checking (or not checking) the appropriate box at the end of this document.

### **Electronic Transfer of PHI for Billing Purposes**

If I am credentialed with and a provider for your insurance, please know that I utilize a billing service who has access to your PHI. Your PHI will be securely transferred electronically through Availity. This billing company has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption. Additionally, if your insurance provider is billed, you will generally receive correspondence from your insurance company, my billing company, or both.

### **Electronic Transfer of PHI for Certain Credit Card Transactions**

I utilize Square as the company that processes your credit card information for TeleMental Health services. This company will send clients an email invoice that may be paid online via a credit card payment. This company will send the credit card-holder an email receipt indicating that you used that credit card for my services, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email. Additionally, please be aware that the transaction will also appear on your credit-card bill. The name on the charge will appear as "SQ\*" or "gosq.com", "Audrey Bloom, Ph.D., LLC", "Professional Services".

### **Your Responsibilities for Confidentiality & TeleMental Health**

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleMental Health sessions.

### **Practice Parameters and Communication Response Time**

I am required to make sure that you are aware that I am located in the Southeast and I abide by Eastern Standard Time. My practice is considered to be an outpatient facility, and I am set up to accommodate individuals who are reasonably safe and resourceful. I do not carry a pager nor am I available at all times. If at any time this does not feel like sufficient support, please inform me and we can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. I will attempt to return phone calls within 24 to 48 hours. However, I do not return calls on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

### **In Case of an Emergency**

If you have a mental health emergency, do not wait for communication back from me, but immediately do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Peachford Hospital at 770-455-3200
- Call Ridgeview Institute at 770-434-4567 or 844-350-8800
- Call Lifeline at (800) 273-8255 (National Suicide Prevention Lifeline)
- Call 911
- Go to the emergency room of your choice

Please initial that you have read this page: \_\_\_\_\_

### Emergency Procedures Specific to TeleMental Health Services

There are additional procedures that we need to have in place specific to TeleMental Health services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above. **Please list your ECP here:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- You agree to inform me of the address where you are at the beginning of every TeleMental Health session.
- You agree to inform me of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a TeleMental Health session). **Please list this hospital and contact number here:**

**Hospital:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### In Case of Technology Failure

During a TeleMental Health session, we could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and I have that phone number.

If we get disconnected from a video conferencing or chat session, end and restart the session. If we are unable to reconnect within ten minutes, please call me.

If we are on a phone session and we get disconnected, please call me back or contact me to schedule another session. If the issue is due to my phone service, and we are not able to reconnect, I will not charge you for that session.

### Structure and Cost of Sessions

I offer both face-to-face psychotherapy and TeleMental health services. Based on your particular needs and the current community health situation, we will together determine which mode of psychotherapy is appropriate for you. TeleMental health sessions are conducted via video conferencing. The structure and cost of TeleMental Health sessions are exactly the same as face-to-face sessions described in my general "Professional Services Agreement" form. The fee for TeleMental Health therapy ranges from \$150 to \$160 per 45-60 minute session and \$180 for an initial consultation/assessment. An invoice will be sent to you via Square after the conclusion of each TeleMental Health session and a receipt of payment will be emailed to you. If payment is made by check, make it payable to Audrey Bloom, Ph.D. LLC and mail it to: Dr. Audrey Bloom, Johns Creek Psychology, 10475 Medlock Bridge Road, Suite 315, Johns Creek, GA 30097. You may request a superbill/receipt to be mailed or emailed to you.

Insurance companies have many rules and requirements specific to certain benefit plans. It is your responsibility to find out your insurance company's policies and to file for insurance reimbursement for TeleMental Health services.

You are also responsible for the cost of any technology you may use at your own location. This includes your computer, cell phone, tablet, Internet or phone charges, software, headset, etc.

### Cancellation Policy

In the event that you are unable to keep a TeleMental Health appointment, you must notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

Please initial that you have read this page: \_\_\_\_\_

### Limitations of TeleMental Health Therapy Services

TeleMental Health services have been shown to be effective and satisfactory for treatment of many mental health issues. It is an alternative form of therapy or adjunct therapy, however, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, I might not see a tear in your eye. Or, if audio quality is lacking, I might not hear the crack in your voice that I could easily pick up if you were in my office.

There may also be a disruption to the service (e.g., video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that I have the utmost respect and positive regard for you and your wellbeing. I would never do or say anything intentionally to hurt you in any way, and I strongly encourage you to let me know if something I have done or said has upset you. I invite you to keep our communication open at all times to reduce any possible harm.

Please initial that you have read this page: \_\_\_\_\_

Consent to TeleMental Health Services

Please check the TeleMental Health services you are authorizing me to utilize for your treatment or administrative purposes. Together, we will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying me in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to my practice, and I will be utilizing that technology unless otherwise negotiated by you.

- ☐ Video Conferencing
- ☐ Phone

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that I am open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Please print, date, and sign your name below indicating that you have read and understand the contents of this form, you agree to these policies, and you are authorizing me to utilize the TeleMental Health methods discussed.

**If client is 18 years old or older:**

_____	_____
<b>Client Name (Please Print)</b>	<b>Date</b>
_____	
<b>Client Signature</b>	

**If client is under 18 years old:**

_____	_____
<b>Parent's or Legal Guardian's Name (Please Print)</b>	<b>Date</b>
_____	
<b>Parent's or Legal Guardian's Signature</b>	

My signature below indicates that I have discussed this form with you and have answered any questions you have regarding this information.

_____	_____
<b>Psychologist's Signature</b>	<b>Date</b>

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### TELECONFERENCING GUIDELINES

**PLEASE read these tips for making the most out of your teleconferencing session**  
**Thank you!**

- 1) **Prepare** - Sign on to my video conferencing website. **Please make sure your video and audio are working prior to our meeting as well.** I really want to both see and hear you.
- 2) **Power & Good Internet Connection** - Please make sure your device has enough power for our session and/or you are plugged in. Also, please find a place where you have the strongest Internet connection to make sure you have enough bandwidth for video streaming.
- 3) **Confidentiality** - Please make sure you're in a place where you will not be disturbed by other people or pets (quiet, non-disturbing pets are fine :-). It's also important that other people do not hear us speaking if you would like privacy.
- 4) **Audio** - It is best to use a headset. It also helps to keep what I am saying to you confidential. If you do not have a headset, then just be sure you're close to the microphone on your device so I can hear you well. Also, please be mindful of background noise, and be sure to be in a quiet, secure place.
- 5) **Video** -
  - a. **Please be sure your entire face can be seen** by the camera and you are positioned to be eye-level with me if possible. **It is helpful to set your device on a stack of books or something that allows the camera to be positioned at about the top of your head** (about 8-10 inches high, depending upon the device). This will help us to be eye to eye and see each other well.
  - b. Please do your best to have **light shining on your face and not coming from behind you.** It is critical that you are looking at a window vs. having your back to the window, otherwise you will be backlit. A lamp in front of you is also a good solution. Please also keep your device still vs. carrying it around with you because that can make others feel dizzy and it's difficult to focus.
- 6) **Focus** - Please refrain from doing other things rather than participating in your session. You may see me looking down to write notes about what you're saying.
- 7) **Stay Present** - Please try to stay present during your session and not leave. Of course, if you need a glass of water or to go to the restroom, that's totally understandable. Please just let me know you'll be back.
- 8) **Act as Though You Are in Person** - **Mostly, it is just a lot more satisfying if we participate similarly to how we would while in person.** It may take a time or two to get used to this format. However, if everyone does their part and preps ahead of time, it can be super easy, really enjoyable, and there is no driving involved. :-)

Please let me know if you have any questions, and I will see you soon!

Please initial that you have read this page: \_\_\_\_\_