

## Lorna Benbenisty, 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, a 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. Additionally, you are responsible for initiating the connection with me at the time of 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/drlorna](http://www.doxy.me/drlorna)
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. Benbenisty 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.

**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 keep your phone number in my cell phone, but 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:**

Emailing is not a secure means of communication and may compromise your confidentiality. Therefore, **I do not utilize email with any of my clients, and I will not respond to an email message for your protection.**

**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.

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

During the course of our 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 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.

**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 cardholder 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 cardholder 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", "Lorna Benbenisty, Ph.D., LLC", "Professional Services". You may also send a check, payable to Lorna Benbenisty, Ph.D. LLC and mail it to: Lorna Benbenisty, Johns Creek Psychology, 10475 Medlock Bridge Road, Suite 315, Johns Creek, GA 30097.

**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.

### Communication Response Time

I'm required to make sure that you're aware that I'm 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 beeper 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 return phone calls within 24 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, I encourage you not to wait for communication back from me, but do one or more of the following:

- Call Behavioral Health Link/GCAL: 800-715-4225
- Call Peachford Hospital at 770.454.5589
- Call Ridgeview Institute at 770.434.4567
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911
- Go to the emergency room of your choice

### 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 to 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.
- 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).

### In Case of Technology Failure

During a TeleMental Health session, we could encounter a technological failure. If we get disconnected from a video conferencing session, you should end and restart the session. As a backup plan, I will call you by phone if needed. Please make sure you have a phone with you, and I have that phone number.

### Structure and Cost of Sessions

I offer primarily face-to-face counseling. However, due to extenuating circumstances, in-person sessions may not be possible. I may provide sessions via video conferencing or phone if your treatment needs determine that TeleMental Health services are appropriate for you.

The structure and cost of TeleMental Health sessions are exactly the same as face-to-face sessions described in my general "Professional Services Agreement, Financial Arrangements" form. I agree to provide TeleMental Health therapy for the fee of \$140.00 per 45-50 minute session. An invoice will be sent to you via email after the conclusion of each TeleMental Health session and a receipt of payment will be emailed to you. If payment is made by check, a printed receipt will be sent to you. You may request a superbill to be mailed to you.

Insurance companies have many rules and requirements specific to certain benefit plans. At the present time, insurance companies are rapidly changing their policy regarding reimbursement for TeleMental Health services. You should check any updates with your medical insurer on TeleMental Health reimbursement.

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.

### Limitations of TeleMental Health Therapy Services

TeleMental Health services should not be viewed as a complete substitute for therapy conducted in my office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, 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., phone gets cut off or 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've done or said has upset you. I invite you to keep our communication open at all times to reduce any possible harm.

### Consent to TeleMental Health Services

You are authorizing me to utilize video conferencing and/or phone for your TeleMental Health 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.

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.

Signature Page

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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Emergency Procedures for TeleMental Health Services

Please list your Emergency Contact Person

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

Please list your preferred mental health hospital

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

Examples of two possible local hospitals: Peachford Hospital (770-454-5589), Ridgeview Institute (770-434-4567)

Recommendations to Websites or Applications (Apps):

I would like recommendations for pertinent information or self-help websites:

Yes \_\_\_\_\_

No \_\_\_\_\_

## TELECONFERENCING GUIDELINES

**PLEASE read these tips for making the most out of your teleconferencing session.**

**Thank you!**

- 1) **Prepare** - Before joining our meeting, I will send you a link to my software platform. **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 don't hear us speaking if you would like privacy.
- 4) **Audio** - It's best to use a headset. It also helps to keep what I am saying to you confidential. If you don't 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're positioned to be eye-level with me if possible. **It's 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'll be backlit. A lamp in front of you is also a good solution.
  - d. 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're in Person** - Mostly, it's 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's no driving involved. :-)

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