

Carole W. Sebenick, Ph.D.

Licensed Clinical Psychologist

3949 Pender Drive, Suite 301, Fairfax, VA 22030, (703) 362-9313

CWSebenick@CWSebenickPhD.com

AUTHORIZATION OF COMMUNICATION PRACTICES

NOTIFICATION OF BUSINESS ASSOCIATES and TELETHERAPY INFORMED CONSENT

Information that provides details about your use of healthcare services, the nature of your health conditions/diagnosis and treatment, and your personally-identifying details in connection with healthcare services (e.g., name, address, ID numbers, etc.) is considered "Protected Health Information" (PHI).

Dr. Sebenick may transmit and/or store information, including elements of your PHI, through a variety of means. Considerable care is taken to minimize the risk of unnecessary or inadvertent disclosure of PHI, in accordance with federal and state regulations. This document serves to inform you of important steps taken and resources used to protect your PHI when recorded or transmitted electronically. [Please be aware that PHI in hard-copy documents and verbal communication is protected by standard psychotherapy business practices (e.g., locked file cabinets, monitored and locked office spaces, release of your PHI to others only with your written consent).]

Teletherapy

In the event of a need to conduct a therapy session by telephone or videoconference, you are responsible for communicating from a safe, private location with minimal distractions within the Commonwealth of Virginia (unless licensure restrictions have been waived by another state's board of psychology during national emergencies). Dr. Sebenick will use:

- Telephone service through a cellular service provider; there is no guarantee of any exceptional provisions of security beyond standard cellular service contracting.
- A HIPAA-compliant telehealth platform for videoconferencing (see below).
- In the event of technical obstacles and in compliance with government authorization to use platforms without HIPAA-compliance during national/regional emergencies, other video platforms may be utilized (e.g., Apple FaceTime, Zoom.Us) with your agreement.

Texting from Mobile Devices

Please be aware that texting does not offer secure communication. Please carefully consider alternatives of placing phone calls or using email (through cwsebenick@cwsebenickphd.com) to help Dr. Sebenick protect your PHI.

Electronic Communication, Record-Keeping, & Insurance and Financial Transactions

Dr. Sebenick contracts with the following business providers (Business Associates), who have verified their compliance with the mandates of the federal Health Insurance Portability and Accountability Act (HIPAA):

- Patient record-keeping and accounting through Carepaths, Inc., practice management service (<https://cws.carepaths.com>).
- Electronic submission of insurance claims and receipt of payments through national claims clearinghouses (e.g., <https://www.availity.com> and <https://www.officeally.com>)
- Secure payment processing as a designated medical office (<https://www.SquareUp.com>)
- End-to-end encrypted email service (cwsebenick@cwsebenickphd.com) hosted by <https://www.Paubox.com>; this allows for secure transmission of PDF files, as well, and takes the place of facsimile transmission. In order to protect the confidentiality of our communication, you must take steps to ensure that no one other than you has access to your email account.
- Videoconferencing service through <https://doxy.me>

Communication Preferences and Authorization

Please check each method of communication that you authorize Dr. Sebenick to utilize, and fill in the appropriate contact information. You are responsible for keeping Dr. Sebenick apprised of any changes to communication preferences or details.

Email (to/from cwsebenick@cwsebenickphd.com): Your preferred email address:

Phone number (where message may be left on voice mail; in any case of another person answering this line, I will identify myself as Dr. Sebenick with a request that a message be given to you to return my call.): _____

Text* (Dr. Sebenick will only initiate text about scheduling issues or to alert you to check for important email. *Reminder that this is not encrypted/secure.) Phone number to send text message: _____

U.S. Mail address (for billing and other correspondence; envelopes will feature Dr. Sebenick's return address):

I authorize the use of alternatives to the primary HIPAA-compliant video platform, should technical difficulties prevent stable connection during a session; these may include phone only (which is considered HIPAA compliant) or FaceTime/Zoom.US video functions (not HIPAA compliant).

By signing below, you indicate receipt of this notice and authorization of communication from Dr. Sebenick by any and all of the means you have checked above.

Signature

Date

Printed Name