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I am frequently asked to communicate with clients via email or to call cell phones as a way to return calls. I am happy to do so, and this information is intended to assist us both in making the best choices when providing services to you via technology in my practice. In addition this is an addendum to HIPAA statements that includes HIPAA-HITECH (45 CFR Parts 160 and 164).

EMAIL - I will use email as a means to communicate changes in appointment times only. Email is not intended to be an adjunct to our appointments. If you choose to provide me with an email address, I will respond or send messages only to the email you provided. Email sent from a different account other than the one you designate will not receive a response. This is to insure that you are in fact the person communicating with me. Please update any changes in email preferences with myself by phone, or at your next appointment. Please be aware there are risks associated with email communication. I cannot guarantee that email sent or received is confidential. I am the only person with access to my email account, but I do not use an encrypted email account, and cannot guarantee the confidentiality of online communication. If you wish to provide an email address, please do so below and initial that you are aware of the risks and limits of email communication.

Email _____
Initials _____

I do not give permission to use email services _____

Cell Phones - As with email, I cannot guarantee that cell phone communication will be confidential, and not heard by others who may have devices with which they inadvertently pick up cell communications or text messages. If you prefer that I not use a cell phone to return your call, please indicate this below. I will return your call to whatever number you leave for me. It is your responsibility to leave a phone number to which you are comfortable receiving calls. If you prefer that I not return your call from a cell phone, please be aware that I will do my best to respond to your call as soon as I am able, but it may take me longer to return a call if I am away from the office. Please be aware my phone number is not typically blocked. Text messaging is used per the same rules as emailing.

Please indicate your preferences below and initial-

I authorize permission to be contacted from cell line _____

I do not authorize to be contacted from a cell line _____

You may leave messaged (appointment info only) on my answering machine or voice mail

I do not authorize messages to be left for me _____

I authorize permission to use text messaging services (and indicate number to use for texting)

Skype and phone service - I do not provide services via Skype or other way based remote access service. I occasionally will provide prearranged telephone appointments to established clients in circumstances where coming to my office is prohibitive. This is done by a prearranged appointment time, and you will be billed at the cost of an individual session. If you are using third party reimbursement such as insurance, workers compensation or health care flex accounts, this service may not be eligible for reimbursement. Payment will be billed directly to you, and you may seek reimbursement by obtaining a receipt and submitting this on your own to the third party payer.

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 wecounsel.com. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that wecounsel.com 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, I will give you detailed directions regarding how to log-in securely. 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.).

Please Provide an emergency contact name and phone number for video sessions (please note an emergency contact is required even if you do not plan to use video sessions on a regular basis, often times I find video sessions are used as needed at times and I would like to keep a name and number on file for as needed sessions)

Name

Phone Number

Relationship

Electronic submission of information - this office uses electronic submission of certain bills to third party payers. If you have questions regarding this practice please let me know.

HIPPA rules require notification to the patient and to Health and Human Services if there is an electronic breach of information. This would mean a loss of information due to internet hacking or loss of information that may be on an electronic device.

Please sign below to indicate your permission for the above selections regarding technology communications. By signing, you are indicating you are aware of the risks and limitations associated with each of these practices. You may change or revoke these preferences at any time, either verbally or in writing.

Signature (Client)

Date

Guardian if applicable

Date

Amy Davenport Dakin, LCMHC, LCPC

Date