**CLIENT HANDBOOK**

**BYTE & ASSOCIATES, LLC**

***COUNSELING SERVICES***

**INTRODUCTION**

Our staff is dedicated to serving and assisting you. We are empathetic, caring, and nurturing. We strive to challenge, motivate and assist clients in achieving their goals and highest potential.

Our goal is to provide a continuum of care by working closely with other agencies within the community to enhance the quality of care provided.

We provide individual and group counseling and dedicate ourselves to conflict resolution, goal setting, stress management and working through relationship issues.

Byte and Associates, LLC believes this philosophy to be the cornerstone for planning, development and coordination of a quality service delivery system. Service will be based on a process of prevention, education, counseling and advocacy.

If you have a question or concern during regular business hours **(9am – 6pm, Mon – Fri**.) please call (405)-222-4786. If your call is answered electronically, a staff member will return your call as soon as possible.

If you have an emergency call 9-1-1 or go to your nearest hospital emergency room.

The mailing address to our facility is:

117 S. 7th

Chickasha, OK 73018

We look forward to serving you and welcome you to Byte & Associates, LLC.

 Sincerely,

 Andrew W. Byte

 Executive Director

**Notice of Privacy Practices (HIPPA)**

This notice describes how medical and mental health information about you may be used and disclosed and how you get access to this information. Please review it carefully.

We are required by applicable federal and state law to maintain privacy of health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning our health information. We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of this at any time. In the event that the notice changes, a new one will be sent to you by mail or given at the time of next appointment. You may request a copy of our Notice at any time.

*This notice takes effect September 14, 2005, and will remain in effect until we replace it.*

**Uses and Disclosures of Protected Health Information**

Uses and disclosures of Protected Health Information Based Upon Your Written Consent.

You will be asked to sign a consent form. Once you have consented to the use and disclosure of your protected health information for treatment, payment and health care operations by signing the consent form, this agency will use or disclose your protected health information as described below.

**Treatment:**  We may use and disclose, as needed, your protected health information to provide, coordinate, or manage your health care and any related services. This includes coordination or management of your health care with third party that has already obtained your permission to have access to your protected health information.

**Payment:**  We may use and disclose, as needed, your health information to obtain payment for services we provide to you. This may include certain activities that your insurance plan may undertake before it approves or pays for your mental health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you and undertaking utilization review activities.

**Health Operations:** We may use and disclose, as needed, your health information in connection with our healthcare operations. Healthcare operations include quality assessments and improvement activities, reviewing the competence or qualifications of mental healthcare professionals, evaluating practitioner and provider performance, employee review activities, conducting training programs, accreditation, certification, licensing or credentialing activities and conducting or arranging for other business activities.

**Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law. You may revoke this authorization, at any time, in writing. Your revocation will not affect any use of disclosures permitted by your authorization while it is in effect. Unless you give written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. In the event of your incapacity or emergency circumstances, we will disclose health information based on the determination using our professional judgment disclosing only health information that is directly relevant to the person’s involvement in your healthcare. If this occurs, the agency will try to obtain your consent as soon as reasonably practicable after the delivery of treatment.

**Other Permitted and required Uses and Disclosures That My Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

**Required By Law**: We may use or disclose your protected information to the extent that law requires. The use or disclosure will be made in compliance with the law and will be limited to relevant requirements of the law. You will be notified, as required by law, of such uses or disclosures.

**Public Health**: We may disclose your protected health information for public health activities and purposes, to a public health authority that is permitted by law to collect or receive this information.

**Health Oversight**: We may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspection.

**Abuse or Neglect:** We may disclose your protected health information to public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if believed that you have been a victim of abuse, neglect, or domestic violence to the government or other entity or agency authorized to receive such information. In this case the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Law Enforcement:** We may also disclose your protected health information, as long as applicable legal requirements are met, for law enforcement purposes.

**Legal Proceedings:** We may disclosure protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Criminal activities**: Consistent with applicable federal and state laws, we may disclose your protected health information, if believed that the use or disclosure is necessary to prevent or minimize a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**National Security:** We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institutions or law enforcement officials having lawful custody of protected health information of an inmate or a client under certain circumstances.

**Appointment reminders**: We may use or disclose your health information to provide you with appointment reminders (such as voice mail messages, postcards, or letters).

**Required Uses and Disclosure:**  Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq.

#### Client Rights

**Access:** You have the right to inspect and copy your protected health information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must submit your request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information at the end of this notice. We will charge a reasonable cost–based fee for expenses such as copies and staff time. If you request copies, we will charge you **$1.00** for each page, and **$5.00** per hour for staff time to locate and copy your health information, and postage if you want copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding, and protected health information that is subject to law prohibits access to protected health information.

**Restriction:** You have the right to request a restriction of your protected health information. You may also request that any part of your protected health information not to be disclosed to family members or friends who are involved in your care or for notification purposes as described in the Notice of Privacy Practices. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If we agree to the additional restrictions we will abide by our agreement (except in an emergency).

We are not required to agree to a restriction that you may request. If we believe it is in your best interest not permit the use and disclosure of your protected health information, your protected information will not be restricted.

**Alternative Communication:**  You have the right to request confidential communication from us by alternative means or at an alternative location. You must make a request in writing. We may also condition this accommodation by asking for information as to how payment will be handled or specification of an alternative address or other method of contact.

**Amendment Request:** You have the right to request that we amend your protected health information. Your request must be in writing and explain why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement and we may prepare a rebuttal to your statement and we will provide you with a copy of such rebuttal.

**Disclosure Accounting:** You have the right to receive accounting of certain disclosures made, if any, of your protected health information. This right applies to disclosure for purposes other than treatment, payment or healthcare operation as described in this Notice of Privacy Practices.

**Notice:** You have the right to obtain a paper copy of this notice upon request.

#### Question and Complaints

You may complain to Byte & Associates, LLC or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the agency. You may file a complaint by notifying our privacy contact of your complaint. We support your right to the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with Byte & Associates, LLC and /or with the U.S. Department of Health and Human services.

You may contact our Chief Operating Officer for further information about the complaint process:

**Chief Operating Officer**

**Marshia Byte**

**Phone Number**: (405) 222-4786

**COUNSELING CODE OF ETHICS:**

**I herby affirm that…**

* My primary goal is to respect the dignity and promote the wellness of each consumer and his/her family. I have total commitment to provide the highest quality care for those who seek BYTE & ASSOCIATES, LLC counseling services.
* I will present a genuine interest in all consumers and families and do hereby dedicate myself to the best interest of the consumer and to helping them to help themselves.
* I will not see a consumer and/or their family without a signed consent to treat.
* I will maintain, at all times, an objective, non-possessive, professional relationship with all consumers.
* I will be willing to recognize when it is in the best interest of the consumer to release them or refer them to another program, individual, or agency.
* I will adhere to all the professional rules of confidentiality of all maintenance and distributions of records, material, and knowledge concerning the consumer and respect the integrity and protect the welfare of the person or group with whom I am working.
* I will not in any way discriminate between consumers, families, or fellow professionals based on age, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.
* I will maintain respect for B& A policies and management functions, but will take the initiative toward improving such policies when it will better serve the interest of the consumer.
* I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis. I will continuously strive for self-improvement and I will have a personal responsibility for professional growth through further education and training.
* I will not have any type of outside involvement, including sexual intimacy with consumers and I will not counsel persons with whom I have had a personal relationship.
* I will be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. I will inform consumers when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that will protect the interest of the consumer.
* I will respect the right to privacy of consumers. I will not solicit private information unless it is essential to providing service. Once private information is shared, standards of confidentiality apply.
* I will not use derogatory language in written or verbal communications to or about consumers.
* When I act on behalf of a consumer who lacks the capacity to make informed decisions, I will take reasonable steps to safeguard the interests and rights of those consumers.
* I will respect confidential information shared by colleagues in the course of their professional relationships and transactions.
* I will advocate for adequate resources to meet the needs of consumers.
* I will be a diligent steward of the resources of B&A and I will wisely conserve funds where appropriate and never misappropriate funds for unintended purposes.
* I will not participate in, condone, or be associated with dishonesty, fraud, deception, or conduct that could affect my consumer’s relationship or the relationship that B&A has with the community.
* I have a responsibility to myself, to my consumer and the community, and associates to maintain my physical and mental wellness and will adopt a personal and professional stance, which promotes the well being of all human beings.

**CLIENT RIGHTS & GRIEVANCE POLICY**

All persons receiving services from Byte & Associates, LLC shall enjoy all rights, benefits and privileges guaranteed by the laws and Constitution of the State of Oklahoma and the United States of America, except those specifically lost through due process of law.

**Each client served by B&A can expect**:

To be treated with respect and dignity. B&A personnel are expected to perform all services in a manner that protects, promotes and respects individual human dignity.

To be provided services in an environment which provides reasonable privacy, promotes personal dignity, and provides the opportunity for improved functioning.

To never be neglected and/or abused sexually, physically, verbally or otherwise.

To be afforded the opportunity to participate in their treatment planning and consent, or refuse to consent to the proposed treatment unless it is court ordered, the client’s rights are abridged by a court of competent jurisdiction or in emergency situations as defined by law.

**Each client served by B&A has:**

The right to receive service or referral without discrimination as to race, color, age, gender, sexual orientation, marital status, religion, national origin, disability, handicapping condition and/or legal status.

The right to be provided with prompt, competent, appropriate services and an individual treatment plan.

The right to permit family members or significant others to be involved in their treatment and treatment planning.

The right to have their records treated in a confidential manner.

The right to refuse to participate in any research project or medical experiment without specific informed consent as defined by law and that such refusal shall not affect the services available to the client.

The right to request the opinion of an (outside) clinician or psychiatric consultant, at the expense of the client, to request an internal change in Therapist, which will be evaluated and considered without negative consequences, and/or to seek out and receive adult or child advocacy services in the community.

The right to assert grievances with respect to any alleged infringement of these stated rights or any other statutorily granted rights.

The right to a safe, sanitary and humane treatment environment.

The right to a humane psychological environment that protects him/her from harm or abuse.

Clients are encouraged to speak to agency staff if they are not satisfied with any aspect of their treatment. The client will be directed to an Administrative staff member to more fully evaluate the

situation. Changes will be made as indicated clinically and theoretically. If changes are not made, the client and/or guardian will be provided an explanation as to the clinical reasons upon which the decision was made.

**GRIEVANCE POLICY**

Although all staff are expected to extend professional and quality services at all times without discrimination, situations may arise in which a client feels dissatisfied or has a complaint about service or treatment. In handling these situations, the following procedure has been adopted.

1. Any client, guardian, care giver, or biological parent should initially present his/her complaint directly to the Therapist.
2. The client, care giver, guardian, or biological parent can talk to the Coordinator of Services either with or without the Therapist presence. If the Coordinator is able to resolve the problem or complaint, then the process can stop at this point.
3. If the client is not satisfied with the response from the Therapist nor from the Coordinator of Services, he/she should ask one of them for a Grievance Form. If the client or guardian needs assistance in filling out the Grievance Form, he/she can utilize an office staff member to assist them. This completed form will be presented to the Director who will then conduct an investigation. (If the client or other pertinent party calls by phone, he/she can speak with the Director or designee in order to file the grievance. The office staff member will complete the form, will provide the client a copy and will give the grievance to the Director.)
4. The Director will respond to the grievance verbally and in writing to the client, guardian, care giver, or biological parent, if indicated, within ten days. The response will become a part of the client’s permanent record.
5. Ten working days will be allowed for each level of appeal. The client will be notified verbally and in writing of the outcome.

All attempts will be made to resolve differences and/or difficulties (within reason). If the client and client’s family are involved with the juvenile court, the client and/or family may choose to address this as an issue in the court proceedings. It is the preference of Byte & Associates, LLC, to work out situations directly with the family; however, this is not always possible. When problems are brought up at court, the Judge makes the final decision.

**BYTE & ASSOCIATES, LLC**

## Grievance/Ethics Violations Procedures-Consumers

1. Any consumer affiliated or not affiliated with Byte & Associates, LLC may submit complaints. A complaint will be initiated by completing a Grievance/Ethics Complaint Form. This form is made available at the time of intake and may be obtained at the offices of Byte & Associates, LLC. The Violation of Ethics Complaint form will be given to the Executive Director.
2. For purposes of determining time limits, a complaint shall be considered filed as soon as the Executive Director has received a completed complaint form. .
3. Within three (3) working days of receiving the grievance/ethics violation complaint, the Executive Director will review the complaint and conduct the necessary investigation.
4. Pertinent staff and/or consumers will be interviewed over the next five (5) working days in order to resolve the complaint.
5. Within five (5) working days, the Grievance/Ethics Violation form will be completed giving the investigative findings and recommended action(s).
6. The Executive Director will relay the final review/decision to the consumer in writing and it will be noted on the Grievance/Ethics Violation form if the consumer wishes to appeal the decision.

In the event that a consumer is dissatisfied with the outcome of B&A actions, the consumer can appeal to outside authorities such as DHS and applicable advocacy groups.

B&A will cooperate fully in making information of previous actions at resolving this complaint available to any such outside agencies.

**Annual Review of Complaint**

BYTE & ASSOCIATES, LLC guards against complaints, as it is costly in terms of time and human resources. In the event that complaint(s) occur, B&A would treat the occurrence(s) as a tool for performance improvement and to detect trends in the complaints.

### No Reprisal Policy

B&A realizes that input of its clients (persons served and stakeholders) mean a great deal to its growth and its held values. Therefore, B&A guarantees that any complaints or grievances about its ethics shall neither result in any type of retaliation against the complainant(s) nor create barriers to its services.

**BYTE & ASSOCIATES, LLC**

**Grounds for Discharge**

1. Physical or verbal aggression toward staff members, or other clients.
2. Possession of:
	* Legal and/or illegal drugs
	* Tobacco Products
	* Weapons
3. Failure to keep three consecutive appointments without calling.
4. Destruction of the Property of *Byte & Associates, LLC* or any of the staff members
5. Stealing from or lying to staff members.
6. Inappropriate behavior or language (i.e. sexual verbal or gestures)
7. Failure to make progress or be resistant to treatment within a reasonable amount of time (time frame set by therapist or staff member, and client at the time of the signing of the treatment plan).
8. Failure to follow rules set forth by group or parties in counseling session.
9. *Byte & Associates, LLC’s* inability to help client after exhausting all means: Client will be referred to an agency that can meet his or her needs.
10. When an unplanned discharge occurs, follow up will occur to determine with the person served whether further services are needed, and the person served will be offered or referred to services needed, when possible.
11. When a person is discharged for aggressive or assaultive behavior, contact should occur within 72 hours post discharge to determine if services are needed.

##### RE-ADMISSION

**DHS:** Through established legal system, i.e. recommendations from Department of Human Services Worker or a Judge.

**Private Pay:** Must sign an agreement to adhere to set rules and guidelines.

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Client Signature (14yrs and older) Date

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Therapist/Intake Worker Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Signature Date

**BYTE & ASSOCIATES, LLC**

**Grievance/Ethics Violation**

**Employee and Consumer Complaint Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alleged violation of ethic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Resolution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Complainant’s Signature Date

**Date Received by Executive Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director’s investigative findings:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date complainant informed of Executive Director’s decision**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant would like to appeal final decision: Yes or No (circle one)

If yes, complainant was informed of appropriate appeals agency: Yes or No (circle one)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s signature Date

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Executive Director’s signature Date

**Byte & Associates, LLC**

**Informed Consent for Telemedicine Services**

**Introduction**

Telemedicine involves the use of electronic communications to enable health care providers to

share individual patient medical information, for the purpose of improving patient care. The

information may be used for diagnosis, therapy, follow-up, and/or education, and may include

any of the following:

- Patient medical records

- Medical images

- Live two-way audio and video

- Output date from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the

confidentiality of patient identification and imaging data and will include measures to safeguard

the data and ensure its integrity against intentional or unintentional corruption.

**Expected Benefits:**

- Improved access to medical care by enabling a patient to remain in his/her location

- More efficient medical evaluation and management

- Obtaining expertise of a provider in areas that are underserved

**Possible Risks:**

As with any medical procedure, there are potential risks associated with the use of

telemedicine. These include:

- In rare cases, information transmitted may not be sufficient to allow appropriate

medical decision-making by the provider

- Delays in medical evaluation and treatment could occur due to difficulties or failures

with equipment

- In very rare instances, security protocols could fail, causing a breach of privacy of

personal medical information

**Tips for a Successful Telemedicine Visit**

- Check your internet connection

- Make sure your audio and video (webcam) is working

- Find a quiet, private location if possible

- Check your lighting

- Write down problems and questions ahead of time

- Dress appropriately for the visit

**Scheduling your Telemedicine Appointment**

- A B&A Associate will contact you with an available appointment date and time

- An email with Telemedicine Services information, directions, and consent will be

emailed to you; please read, sign, and either:

o fax to (405) 222-1615

o email back to us at byteandassociates@yahoo.com

o drop off or mail to our office 117 S 7th Street Chickasha, OK 73018

o if you are unable to get this form back to us, we can take a verbal consent

during your visit as a last resort

- The email will include a link to click on for access to your telemedicine appointment,

**do not click the link or check in for the appointment** until a few minutes before

your appointment

- A B&A Associate will contact you the day before your appointment to confirm the

appointment, collect your credit card information for payment if you owe anything

for the appointment (the card will not be charged until the day of the appointment),

and take verbal consent for services over the phone if needed

**Logging in to your Telemedicine Visit**

- **You MUST use Google Chrome, Firefox, or Safari.** These browsers allow for your

mic and camera to work properly. You can easily download any one of these

browsers from the internet.

- Instead of clicking on the link provided to your email, another option is to enter the

web address with the correct provider’s link, which can be supplied to you.

- Please ensure that your microphone and webcam are enabled and functioning upon

logging in

- Enter your name and click “Check In”

- You will appear in the provider’s que as “Arrived” and your appointment will begin

promptly, please wait for your provider to start the video call

Byte & Associates, LLC

**Counseling Services**

**117 South 7th Street P.O. Box 614 Phone: (405) 222-4786**

**Chickasha, OK 73018 Fax: (405) 222-1615**