

Balance & Thrive, LLC Encrypted Services Notification & Staff Communication Policy

To protect your confidentiality, staff will no longer be using their cell phones for communication. To communicate with staff, you can choose to use one of the Encrypted HIPAA compliant services listed below or leave a general message with the office staff or in the office voice mail for a specific staff member. The office number is 201-444-8110. You may also send records through Balance & Thrive's confidential fax: 201-444-8177. For your protection and to maintain HIPAA compliance, staff will respond only to messages left on the office number or sent through the office fax or one of our encrypted systems.

We do not provide 24-hour services. Staff respond to messages within 48 hours. If you have an emergency, call 911, 201-262-help or go to your nearest emergency room.

We now offer three new encrypted & HIPAA compliant services.

Encrypted Telehealth services (Clocktree.com)

We utilize a system called Clock Tree, which offers HIPAA compliant messaging and telehealth sessions. Not all insurance companies will cover telehealth. Please call your insurance company or ask us to check if they are covered. You may need to call your insurance company and request telehealth sessions be added to your benefits. If you would like us to call, please ask us.

Yes, I would like Telehealth Services _____.

No, I am not interested in telehealth services _____.

I am interested in receiving Telehealth Services. I give my permission for Balance and Thrive to send an email to invite me to use Telehealth Services at the following email _____ using the name Balance and Thrive Mental Health and Psycho Education Center. I also give Balance & Thrive permission to give me notifications through the email listed above, pop ups and text messages on the following number _____ using the name Balance & Thrive Mental Health & Psycho Education Center. You will be asked to choose a password that will remain as your password for each session.

A few minutes prior to each telehealth session, leave your computer on and email open; you will be invited to join the session. Accept the invitation. You may also leave messages through this site.

Hushmail Encrypted Email (balanceandthrive@hushmail.com)

We will respond to your email, or send you an initial email that is encrypted. You will be asked to choose a pass phrase. This will be your pass phrase to use for each encrypted email we send you. As long as any future email you send is a reply from an encrypted email we sent you, information will be encrypted. If you send us information that is not a reply from an encrypted email we sent you, it will not be encrypted, and we may not respond. To clarify, when sending messages through email, always send from a reply of an encrypted email we sent you. Your information will then be encrypted.

Yes, I am interested in hushmail _____ Use the following Email: _____

No, I am not interested in hushmail _____

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Theranest Client Portal (bt.mytherabook.com) Theranest Client Portal (bt.mytherabook.com)

We offer a client portal through our practice management system, Theranest. The client portal has 2 functions:

- 1) View or pay your bill—The billing information you view in you portal is encrypted. If you choose to pay your bill using this method, you will receive an email confirmation. The email confirmation you receive from your payment will not be encrypted. If you pay through this system, you are agreeing to receive an unencrypted confirmation through your email.
- 2) Send a message to your therapist—You may also send a message to your therapist. If you message your therapist through your client portal, the message and response are encrypted and secure.

I would like a client portal and agree to have an unencrypted message sent to my email:

_____ to begin the process.

I am not interested in using the Theranest Client Portal. _____

Payment through our website:

If you choose to pay through our website www.balanceandthrivecounseling.com, you will receive an email confirmation to the email you provided us that will not be encrypted.

I have read and understand all the information above.

_____ Client Name	_____ Client Signature	_____ Date:
_____ Authorized Person Name	_____ Authorized Person Signature	_____ Date
_____ Staff Name	_____ Staff Signature	_____ Date