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TECHNOLOGY STATEMENT

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, and that your relationship remains therapeutic and professional. Therefore, I've developed the following policies:

Telephones via Landlines, cell phones & texting: It is important for you to know that landlines, fax machines & cell phones may not be completely secure or confidential. However, I realize that most people have and utilize a cell phone. I primarily use a landline and may also use "private line" cell phone to contact you. If this is a problem, please feel free to discuss this with me. I do not send or receive any text messages from clients.

Email: Emailing is not a secure means of communication and may compromise your confidentiality. I realize that many people prefer to email because it is a quick way to convey information. **However, please know that it is my policy to utilize email communication strictly for payment and appointment confirmations (nothing that could be inferred as therapy).** Therefore, please do not bring up any therapeutic content via email to prevent compromising your confidentiality.

Even though we will only utilize email for appointments, payment and brief topics, I utilize a secure email platform that is hosted by Google for your added protection. I have chosen this technology because it is encrypted to the federal standard, HIPAA compatible, and the company has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. I also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). If you are in a crisis, please do not communicate this to me via email because I may not see it in a timely matter. Instead, please see the other side of this form under "Emergency Procedures."

If you do choose to email me I encourage you to also utilize a HIPAA-compliant emailing platform. Otherwise, when you reply to one of my emails everything you write in addition to what I have written to you (unless you remove it) will no longer be secure. My encrypted email service only works to send information and does not govern what happens on your end. However, if you still choose to email me without using an encrypted email, I ask that you please choose one of these three options so the information I send you is not compromised:

- 1) **Do NOT hit reply** to my email and instead **start a new email** so that the information I have emailed you securely is not compromised.
- 2) **Hit Reply and erase all that I wrote**, and then you can write what you'd like to say to me; this way the information I have emailed you securely is not compromised or
- 3) When you email me back you can use a password **protected Word document** to email me securely.

Regardless of whether you choose 1, 2 or 3, **I still DISCOURGAGE you from emailing me therapeutic/confidential information.** I encourage you instead to please book an appointment with me so we can meet in person. If you do choose to email me, please be informed that I will charge my usual hourly rate for all emails I have to read and/or respond to. You also need to know that I am required to keep a summary or copy of all emails and texts as part of your clinical record that address anything related to therapy.



Electronic Transfer of PHI for Certain Credit Card Transactions: I utilize the companies **Square** and **PayPal** to process your credit card information. These companies may send the credit card-holder a text or 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 card-holder 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 ***SQCircusArtsInstitute** or **CIRCUSARTSI**

Electronic Record Storage: Your communications with me will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored electronically with a special version of **Google Drive**, a secure storage company who has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption. Locally, your PHI will be kept on my password protected computer in an encrypted file format.

In Case of an Emergency:

My practice is considered to be an outpatient facility, and I am set up to accommodate clients 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. Generally, I will return phone calls within 48 hours. If you have a mental health emergency, I encourage you not to wait for a call back, but to do one or more of the following:

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

I have read and understand this Technology Statement.

Printed Name of Legal Guardian/Client

Relationship to Minor (if applicable)

Signature of Legal Guardian/Client

Date