

Leslie C. Kilpatrick, M.Ed., LCSW, LLC

P.O.Box 204
Oakton, VA 22124
(703) 691-3578

www.leslieckilpatrick.com

Authorization for Electronic Communication

As a convenience to me, I hereby request that Leslie C. Kilpatrick, LLC and Leslie C. Kilpatrick, MEd, LCSW communicate with me regarding my treatment by Leslie C. Kilpatrick, LLC via electronic communications (e-mail, text message, or video-conferencing). I understand that this means Leslie C. Kilpatrick, LLC and/or my treating providers will transmit my protected health information such as information about my appointments, diagnosis, medications, progress and other individually identifiable information about my treatment to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by e-mail, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization may not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties, Leslie C. Kilpatrick, LLC and Leslie C. Kilpatrick, MEd, LCSW shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by Leslie C. Kilpatrick, LLC to me.

After being provided notice of the risks inherent in use of electronic communications, I hereby expressly authorize Leslie C. Kilpatrick, LLC and Leslie C. Kilpatrick, MEd, LCSW to communicate electronically with me, which will include the transmission of my protected health information electronically. I understand that in the event I no longer wish to receive electronic communications from Leslie C. Kilpatrick, LLC and Leslie C. Kilpatrick, MEd, LCSW, I may revoke this authorization by providing written notice to Leslie C. Kilpatrick, LLC at PO Box 204, Oakton, VA 22124.

I agree that Leslie C. Kilpatrick, LLC and Leslie C. Kilpatrick, MEd, LCSW may communicate with me electronically unless and until I revoke this authorization by submitting notice to Leslie C. Kilpatrick, LLC in writing. This authorization does not allow for electronic transmission of my protected health information to third parties and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

I hereby authorize the transmission of my protected health information electronically as described above.

Patient Name

Signature of Patient

Date

NATIONAL ASSOCIATION OF SOCIAL WORKERS

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Addendum

Leslie C. Kilpatrick, LLC and Leslie C. Kilpatrick, MEd, LCSW utilizes VSee technology for video-conferencing, and has established an email address to create an account with VSee, but does not utilize this email address or text messages for client communications. Contact with Leslie C. Kilpatrick, LLC and Leslie C. Kilpatrick, MEd, LCSW is still established via the phone (703) 691-3578.

Patient Name

Signature of Patient

Date

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Electronic Payment Communications and Electronic Health Records Disclosure Form

Electronic Payment Communications Disclosure

If you wish, you may pay fees electronically – through zellepay.com. Payment will be accepted as confirmation of your appointment, so please email your payment prior to your appointment day and time. Your initial consultation with Ms. Kilpatrick will include information about how to make these payments. Please note that email is not used for correspondence - it is only for initial forms and regular payments. All other correspondence will need to be via phone (for scheduling) and in person.

Please Be Aware of the Following:

We have a duty to uphold your confidentiality, and thus we wish to make sure that your use of the above payment services is done as securely and privately as possible.

Payments made by use of zellepay.com will result in a receipt automatically being emailed to you. It is unclear how your bank will note this payment on the receipt, so please be mindful of who will see your bank or credit card statement, as it may reflect a payment for therapy services with Leslie C. Kilpatrick LLC or virtualpostpartumtherapy.com. Again, please consider who might have access to your emails or bank statements before making payments. For example: an employer, school or any other parties whom you would not want to see this statement. Would there be any danger if such a person or entity discovered it?

Health Savings Accounts and Flexible Spending Accounts

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

Electronic Health Records Disclosure

I keep and store records for each client in a record-keeping system produced and maintained by *TherapyNotes, LLC*. This system is “cloud-based,” meaning the records are stored on servers which are connected to the Internet. Here are the ways in which the security of these records is maintained:

- I have entered into a HIPAA Business Associate Agreement with *TherapyNotes, LLC*. Because of this agreement, *TherapyNotes, LLC* is obligated by federal law to protect these records from unauthorized use or disclosure.

- The computers on which these records are stored are kept in secure data centers, where various physical security measures are used to maintain the protection of the computers from physical access by unauthorized persons.
- *TherapyNotes, LLC* employs various technical security measures to maintain the protection of these records from unauthorized use or disclosure.
 - *TherapyNotes, LLC is certified HIPAA- & PCI-Compliant. TherapyNotes, LLC utilizes strong SSL Encryption for recordkeeping on TherapyNotes.com, it is an SAS 70 Type II Certified Data Center. They utilize a fully encrypted database, powerful firewalls, and data is backed up regularly. Users of TherapyNotes, LLC only have access to the data necessary to do their job and the users choose how/where they can log in to their accounts. Nearly all actions are logged, offering a powerful audit trail.*

I have my own security measures for protecting the devices that I use to access these records:

- On computers, I employ firewalls, antivirus software, passwords, and disk encryption to protect the computer from unauthorized access and thus to protect the records from unauthorized access.

Here are things to keep in mind about my record-keeping system:

- While my record-keeping company and I both use security measures to protect these records, their security cannot be guaranteed.
- Some workforce members at *TherapyNotes, LLC*, such as engineers or administrators, may have the ability to access these records for the purpose of maintaining the system itself. As a HIPAA Business Associate, *TherapyNotes, LLC* is obligated by law to train their staff on the proper maintenance of confidential records and to prevent misuse or unauthorized disclosure of these records. This protection cannot be guaranteed, however.
- My record-keeping company keeps a log of my transactions with the system for various purposes, including maintaining the integrity of the records and allowing for security audits. These transactions are kept for an indefinite period of time.

If you have any questions about the electronic payment communications disclosure or the electronic health records disclosure, please let me know and we can discuss them further in our first meeting.

Patient Name

Signature of Patient

Date