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PATIENT INFORMATION ABOUT TELEHEALTH SERVICES

To access a video session with me, you can either use this link to get to the *Virtual Office* (<https://doxy.me/mcbee>) or you can access it from the *Virtual Office* page at my website (<https://drmcbec.com/telehealth>). There is nothing to download. When you reach the session page, you will put in your name (however you wish) and the password that I will email to you before your session.

You will need a computer, laptop, tablet, or phone that can connect to the internet and has a camera and microphone (*most do*). If using a PC, you will need to use either the Google Chrome or Firefox browser (although most computers will have at least one of these, they are quick and free downloads and are linked at the *Virtual Office* page on my website).

Please remember:

- Confidentiality still applies for telepsychology services, please do not record sessions.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- You should use a secure internet connection rather than public/free Wi-Fi.
- Close any unnecessary programs and applications and turn off notifications on your computer or device before joining a Telehealth call so as not to disrupt our session.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify me in advance by phone (or email for telehealth sessions only).
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.

Payments for sessions and other services can be made directly during the session by credit card or you can discuss payment other options with me prior to your session.

Telepsychology via Video Conferencing Agreement

It may be possible for treatment delivery to occur via interactive video-conferencing (telehealth) in lieu of, or in addition to, “in-person” sessions. “Telehealth”, another name for video conferencing (VC), is a real-time interactive audio and visual technology that enables clinicians to provide mental health services remotely. Treatment delivery via VC may be a preferred method due to convenience, distance, or other circumstances. Research studies have found therapeutic outcomes via VC can be equivalent to those via in-person therapy for many clinical issues; the treating clinician must consider a variety of factors to decide if VC is an appropriate treatment modality for each individual patient (a decision that may change over time if information changes). Dr. McBee reserves the right to decide it is no longer appropriate to engage in sessions via VC at any time for any reason. If this happens, you may need to come for in-person sessions or you may decide you would like to transfer to another clinician in your local area. Regarding insurance coverage, Dr. McBee or her billing staff will make an effort to obtain accurate information regarding your insurance coverage for VC sessions, but you should confirm with your insurance company that the telehealth sessions will be reimbursed as you are responsible for full payment for your session if they are not paid by your insurer. There are potential risks and benefits of VC that differ from in-person sessions, such as potential limits to patient confidentiality and difficulties interpreting non-verbal communication. Confidentiality still applies for telepsychology services and by signing this agreement you are agreeing that you will not record the VC session.

The VC systems that Dr. McBee currently uses are Doxy.me and THERAPIaform and both systems meet HIPAA standards of encryption and privacy protection. But since Dr. McBee cannot control your environment, she cannot guarantee your privacy in your space. You will not have to purchase anything, you only need to be able to sign into a website from your laptop, PC, tablet, computer, or mobile phone and to have a secure connection to the internet. The VC systems work best when you are able to connect to the Internet and retain the connection. It is possible that Dr. McBee may change the VC system she uses in the future (and if that should occur you will be provided with the new that information verbally).

To maximize the usefulness of VC, please think of it as you would an in-office appointment – that is, you write down and protect that time slot and have a place ready for the session that is free from distractions. Consider who may be in the vicinity to hear or see you as you engage in a VC session. If you have any concerns about your data usage charges, please check with your internet or phone carrier as Dr. McBee cannot be responsible for any data usage charges you may incur. If, for whatever reason, you are not able to establish a VC connection at your scheduled session time you will be responsible for paying the missed session fee. If for some reason Dr. McBee has technical difficulties preventing VC connection at your scheduled session time, you will not be charged for the session, provided the connectivity problems persist for at least one third of your allotted session time.

Please write below the names and telephone numbers of your local emergency contacts. This is requested of all patients. By signing this agreement, you are stating that you are aware if Dr. McBee believes you may be at risk for harming yourself she may choose to contact the people listed below to request assistance in assessing your safety risk. By signing below, you are also acknowledging that Dr. McBee may contact the necessary authorities in case of an emergency (such as calling the police to request a “wellness check”). You also agree that if you or Dr. McBee believe that you are in imminent danger of harm to yourself or to another person, you will seek care immediately through you’re a local healthcare provider, going to your nearest hospital emergency department, or calling 911.

Address and contact number where you expect to be for your VC sessions:

Street: _____

City: _____ State: _____ Zip: _____

Best telephone number to reach you is: _____

Your psychiatrist or primary healthcare provider:

Name: _____

Phone #: _____

Family member or Friend’s name & relationship to you:

Phone #: _____

By signing this document, you are declaring that you have read both *pages of this document and have had the opportunity to ask questions and that understand the risks/limitations and benefits/ and optimal conditions for use of Video Conferencing (or telehealth).*

Patient Printed Name: _____

Signature: _____

Signature Date: _____

If for minor,

Patient Printed Name: _____

Guardian/Parent’s Name: _____

Guardian/Parent’s Signature: _____

Signature Date: _____

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Permission to Charge Credit Card

When I, _____, am not present to pay in person at the time of service to Dr. McBee, she may charge any fees associated with me that are in addition to insurance (such as a copay) or outside of what is allowed or covered by my insurance to the credit or debit card listed below. Such charges during my absence include telehealth appointments and charges for missed sessions not cancelled within 24 hours of the appointment time. All major credit cards are accepted: Visa, MasterCard, AMEX, and Discover Card, as well as are most health savings account cards and flexible spending cards.

Name on Card: _____

Enter entire credit card number: _____

Billing Address on Card:

Street: _____ City: _____

State: _____ Zip: _____

Expiration Date of Card: ____/____/____ CVC Code on back of card: ____

(AmEx has a 4 digit code)

Cardholder Signature: _____

Date: _____