

Digital Private Practice Models Expand with TalkifUwant.com Consultation Services and the digital model is available for LCSW's - in your Community

*Setting Up Digital Online Secure Server and HIPAA Compliant Private Practices will
Advance Mental Healthcare in the US: LCSW's have a unique opportunity to participate in this change.*

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ANNOUNCEMENT: An LCSW, recent NASW Florida Conference Presenter, Professional Development Seminar Trainer, Program Developer, Digital Private Practice Consultant, and Author is seeking to develop digital based private practices for LCSW's in your city! The goal is to incorporate LCSW's nationally, with a digital based practice model that minimally standardizes mental health care services delivery in the US, improving patient access to care, improving professionalization, and career satisfaction – in a market that demands this progressive improvement. In a larger scale view of mental healthcare standardization and automation, combined with electronic health records, billing, credit card processing, automated insurance processing and billing, with a digital server, including HIPAA compliant platforms - this model is being expanded for a profession that is ideally trained to optimize systemic change in the national mental healthcare landscape. Won't you consider becoming a part of this new and emerging model for your practice and for your clients?

Is this controversial? In some ways, yes. LaRose discusses the implications for a broad audience and in general terms in an article he wrote for his clients in 2012. There are a few references for this emerging technology in this summary article, where in some cases even the digital practice jargon is not yet developed. LaRose presented the model to the NASW FL Conference in Orlando in June of 2016. More about the implications, general and specific, can be reviewed by [reading the article](#) and by reviewing the [provider training](#) information at the TalkifUwant website.

The digital server maintains a 24-hour private practice, accessible by clients 24 hours a day. Clients find providers on the web ('entering' the digital practice), clients complete the initial intake forms (in essence setting up their digi-client file for you), and then they schedule. Your digital-server based practice can be operational, scheduling clients within several days of going live (clients usually begin scheduling online within 48 hours; online marketing outcomes can take a few weeks to be fully active). It works so well, because electronic driven interactions are increasingly the norm in America by consumers of mental healthcare.

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The digi-practice set-up includes a HIPAA compliant 24-hour online access point, for client and provider use. The server ensures that when a provider leaves practice (burn out, retirement, transition into other careers, etc.) the business remains open and transferrable for the next LCSW. Like medicine, when a provider leaves, the clinic remains open for other professionals to step in (instead of what currently happens in mental health, that is). Practice transferability increases mental health services delivery and continuity of care for clients because, in part, the digi-practice, the secure server remains - stabilizing the LCSW private practice industry. The server information is modifiable to the new

professional with a few edits – and clients continue using their digital services – even as the provider changes. This model, therefore, keeps the office active helping clients maintain access, interventions, and new services.

Online access includes client services (journaling, secure email communications, self-scheduling, chat, video, review of session notes and session attachments, treatment plan review/sign off options, biopsychosocial completion, WHODAS and legal consent forms – where records are printable from the client side of the server). The provider services, also accessed online via the same secure server, provide asynchronous digital records built via web prompting (date and time stamped), auto billing for patient responsibility, credit card processing options (using the card the client provides in their file set-up, encrypted to meet federal credit card laws), and insurance processing (with the click of a web button). As sessions occur, the billing includes the updated CPT codes, the DSM5 diagnostics – all linked to the client file via a full labeling database (meaning all records are up to date, current, with the correct codes, where needed – and in all forms). Synchronous communication can occur as well – between the client and the provider – using the chat, video, and tele-session features in the server as well; while the client logs into their ‘file’ and the provider begins the session – both are communicating in real time via the encrypted server (file sharing can occur synchronously as the real time session progresses too).

Electronic digital files (psycho-ed materials, for example) shared in the server replaces handouts (and serves as a record of information shared with a patient), with a full practice protocol including standard treatment plans (modified to modality and specialty), biopsychosocials, intake forms, WHODAS, legal consent and authorizations in digi-documents, business services agreements, secure email, calendar availability, journal feedback, chat, video, shared files, auto records generation, auto form printing when digi-files are not adequate, and carry over date time and stamped progress notes). This is NOT social media, as clients do not and cannot access each other’s records. However, the provider can access clients individually, in group communications and secure practice wide emails/announcements.



“I’ve been in practice since 2005. In 2012 I chose a digital platform and learned marketing (both fee for service and free). After years of trial and error, and now as an affiliate to the server, I’d like to help others do the same—from one social worker to another!” - K. LaRose-

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When your client schedules (24-hours a day from their home PC – reducing social desirability and ‘paper work anxiety’, increasing reporting accuracy), they are setting up a digital file – removing your set up time in paper creation, copies, filing, and space consumption (the servers are backed up in three locations ensuring data maintenance). Your stress is decreased immediately as a provider, as you now focus on what the client is reporting, in the digital file. At the session, now sitting open on your desktop, as the client enters your office for the first time (or as they begin their video, chat or phone sessions, for providers who offer those services) is an updated and ready to ‘use’ working document (digitally). At the next session, the treatment plan, last sessions notes, shared files – all are on screen for quick review. Your current – from session to session – just by a quick view of the entire file; your clients see that you’re attentive, informed, up to date, and prepared to move from session to session – for better outcomes.

LCSW practice set-up services can provided in your community (by an LCSW who has become an affiliate to the server he’s been using since 2012), or you can set up your digital practice independently, online via a web link. Full consultation services are available, from one social worker to the next, or full set-up can be done on your behalf; some providers elect to use the self-directed web prompts – and work directly with an account rep from the server company.

In the consultation services – added information is included related to affordable marketing programs. Either way, you will be supported in creating the entire digital practice, literally in a matter of days.

TalkifUwant.COM

TalkifUwant is a digital practice model, incorporating the online server, that has been working in digital documentation since 2010. Now, the practice has officially partnered with, arguably, the most affordable and accessible online platform in the US – where server based technology, in a secure environment, enhances service delivery. Support can be provided to LCSW's onsite for your practice by an experienced LCSW, Qualified Supervisor, and former college educator to assist interested LCSW's in standardizing their private practice, automating monotonous tasks, and in stabilizing affordable online marketing. The outcomes, in summary, professionalize the mental health business model in electronic platforms – helping LCSW's and clients move to their fullest potential. In the digital model, there are no more outstanding patient amounts due; there is no more scheduling (clients self schedule); there is no more copying for records; there are tons of professional standards instantly set up with your server. This business model proposes to professionalize/standardize/streamline your practice within weeks, increase patient care, reduce busy work, and resolve marketing and online complications using knowledge and experience acquired in the 10 years of development (TalkifUwant emerged and later evolved to become an affiliate with the server– after starting with the server in 2012). TalkifUwant is an affiliate partner to the server. The provider, still in practice, and the consultant to assist other LCSW's in realizing how to address controversial matters (hacking, HIPAA violations, ethics in self-scheduling, auto billing, and matters of safety should these conflicts ever present themselves) is an LCSW with years of experience.

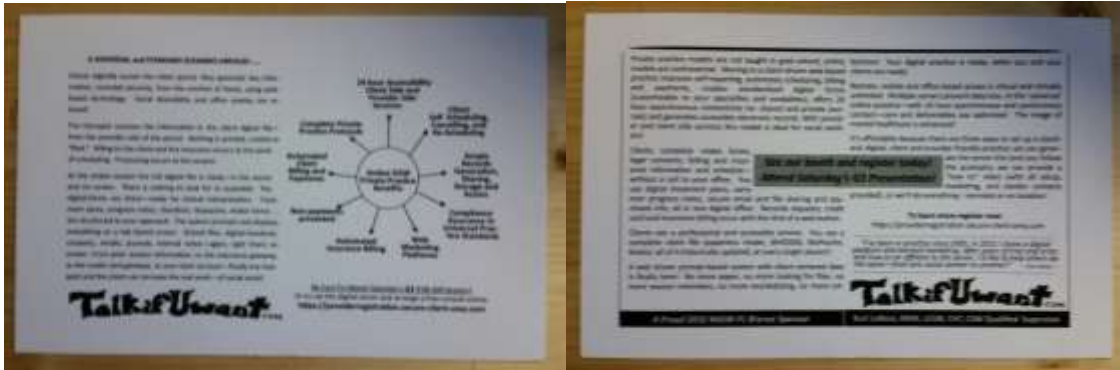
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These services will increase and improve the public perception of your practice (and the LCSW practitioner niche' as a whole) with a cutting edge mental services delivery concept that will keep your calendar full, your records simple, and 24 hour accessibility – a reality!



This program was proudly discussed and presented at Florida's National Association of Social Workers (FL. Chapter) annual conference in Orlando, Florida in June 2016. The full presentation slide show can be found at the ["Provider](#)

[Training” link](#), from the Talkifuwant website. Users who wish to set up the digital practice independently can do so by following the counsol link above – by entering the “TalkifUwant” discount code on the registration page at Counsol – good for a \$5 monthly discount, no contract, month-to-month, savings. Once you sign up, if you still have questions, you can either contact support via the server, or for provider related questions [contact LaRose!](#) Marketing information will need to be obtained through a consultation with the practice – a part of which can be obtained initially in a free provider to provider consultation. Mailer information is available upon request (card stock material as imaged herein), including the eco-mapping impact of a digital server in relationship to LCSW’s in private practice:



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Your practice becomes a stable and transferrable asset for other professionals when/if you are no longer in practice (since the specialty of the provider is maintained, yet the business itself is standardized). Changing mental healthcare nationally, with a standard client driven platform - is here, now! Won't you join this transformation today?

The ideal preferred considerations for providers include:

- LCSW’s who are currently on at least one national insurance panel (two is preferred).
- LCSW’s who have an NPI number and who have a federal tax ID number.
- LCSW’s with an active Declarations Page of Liability
- LCSW’s who are active members in good standing with the National Association of Social Workers.
- LCSW’s who have office space if seeing clients face to face (and if online and in chat a place of confidentiality).

The earlier an LCSW sets up their digital practice in a community, the sooner this model can advance onto to enlist others; the goal is to advance this model with social workers taking the lead! If you are an LCSW with the preferred considerations above, begin now by improving, optimizing, and stabilizing how you and your patients address mental healthcare in your community. As a growing network of similarly implemented digital-practices develop – a broad system of care will emerge (the first of its kind in the US), where social workers in practice effect change – meeting crucial standards of care; let’s make the work of mental healthcare more about care and more about social work! As a TalkifuWant consulted and supported professional, and with the anticipated expansion across various cities and states, from one LCSW to another – aren’t you ready?

Providers can sign up directly and independently starting with just the sever alone, using the discount code “TalkifUwant” for a \$5 monthly savings and [by clicking here](#).

For consultation and support services in the set-up, as server based technology for mental healthcare continues to evolve, and to work with an LCSW who is affiliated with the server and who has used it for years, providers should

contact LaRose directly, [by registering for a one-hour free consult here](#). The LCSW support is offered to facilitate a more rapid transformation in mental healthcare services delivery in the discipline of social work. Consult information will discuss the server, the set-up, and it includes free and web-based information that drives clients to schedule, online, 24 hours a day. Registration will also show providers what the “client-side” of the server looks like (by using this registration link, you’ll see what your clients will see). Not interested in a free consult but would like to ask a few questions of a provider working with the server – [contact me here](#).

To schedule a group presentation, to further discuss the server concept in the LCSW digital practice model, or to begin today in your city, feel free to call: 850-765-5206.

If you have other questions or are interested in talking more, please send your inquiry to: Kurt@TalkifUwant.com

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FAQS

- *Why would I do this, if I already have a system in place that works?*

The main reason is that advancing the profession, your profession, is the standard. Your social work practice is indeed yours, as is your specialty. A system is actually one that meets some basic standards, some universal professional guidelines, that make you a better practitioner, and help your patients carry an increase in their confidence of you. Also, a system would be one that a peer of like-minded training could easily recognize, and begin using, WITHOUT having create a ‘new system.’

- *What does a standard system look like with this model?*

A standard intake, a standard treatment plan, a standard bio-psycho-social, a standard progress note, for starters. It is in a professionally laid out format; it is a client data file that fills every document in common automatically from session to session. It is one that at each new interaction, the last record is in front of you, on the screen (there’s nothing to look for or a file to open and flip through). It is system where a protocol exists that guides the professional steps so that a complete assessment, plan, and intervention system is interwoven.

- *So why standard systems?*

When a professional duplicates his/her steps, (s)he maximizes the skills as the steps are repeated (again, guided in the standard protocol that is on the screen). There is no chaos to take away from what needs to be done and as it is done, because of duplication and standardization the professional gets alot, alot done, in a short short time. For the patient there are benefits as well; first of all they can see how thorough and comprehensive you’re being in gathering data, showing that you care, and that this information will not interfere in patient/provider treatment time --- but aid it. Because the patient/client also has standard forms to complete and fill out, in order to even schedule for the first time, there’s no copying, scanning, file creating, or trading papers back and fourth --- all of it is done and submitted in the ‘digi- file’ and ready for your review as the client first sits down. The patient provides all demographics, reasons for service, payment information, insurance, etc. up front before they even step foot in the office.

- *What about this: different areas of expertise cannot be standard and neither can individual client scenarios. How is that handled in a standardization, protocol, digitized system?*

That's what's cool. There are standard server based forms that in the set up allow for adding and deleting modalities, intervention types and the like. Also there are provider / patient specific forms that are not server generated, but they are created at the set-up point (and can literally all be done in a day or less) – meaning if the intake is domestic violence based or substance based, inpatient, community based, case management based – etc. all of that is done during the set up. The other thing that's cool is because much of your expertise was likely taught by some CSWE standard system, much of what was provided during that training you can incorporate into practice specific educational materials, 'digi-outs' (instead of handouts they are shared to the client at files the client accesses from their side of the platform) that can be scanned and kept for sharing. Files can be shared for all clients, or they can be shared for individual clients, depending on what happened in the client/social worker meeting/session. For the clients there is a 24 hour journaling platform – they can diary to themselves and/or they can share a journal that only the provider and the client can access/see. There is secure email, meaning there's no HIPAA concerns since the encryption is between the therapist and the client (in a secure server besides). Billing is automatically generated for the patient amounts and can be collected with the push of a button in the session, before the session, or after (or the client can push a button on their end and pay as well). The credit card encryption meets credit data storage laws – and is addressed and consent and authorizations are all completed in advance of the first meeting.

- *So who actually is creating the digital file?*

Good question. The client will, initially. They access the server and all of the 'required' information is completed, reviewed and signed off on electronically. Basic intake information is prompted to the client as the move to scheduling their appointment. In other words, for those who are okay with setting up a digi-file (and informed consent is provided before they do so) – it is actually the client who is 'setting up' or 'creating' their file. Once that is done the therapist is notified he/she has a new client and the therapist then, using existing forms that are provider based, enters data into the same file. The client cannot access the provider information (unless allowed by the provider). In essence the client creates the file, using standard prompts and required information to guide them, and then the therapist uses that file, adding to it along the way with social work based documentation. If the client doesn't want to (or can't for some reason) the file can be created by the professional by reading and entering data for the client, or by printing it all, getting traditional pen/ink forms.

- *Okay, so this sounds pretty cool. Aren't their legal implications?*

Absolutely - tons. Some of those are negative in the risk perspective (cloud based, secure servers, HIPAA, hacking and electronic errors). Some of those are protective/positive (legal consents are done, digi-social work risks are included in informed consent, billing, releases, collections, authorizations are done and signed, plus the clients original reports for why they are coming to you, are documented by them in their own words). From there all other documents are standard AND organic. Some documents are shared with the client (they have their copies, in other words) and some are only kept in the file non-shared – for the provider. Treatment plans and biopsychosocials can be viewed and signed off on by the patient/client – and they can be prompted to review and sign as soon as they log in to their client side digi-file. The documentation is comprehensive, detailed, recorded and provide an increased level of security in the professionals steps, in the event something ever does go wrong.

- *What if my clients do not use computers?*

The provider or another party can ask the client questions, the digi-file is immediately created; that's one way. Another way is to open the digi-files blank, and print them out; they print on your social work practice printed identifiers (your practice information, etc) and can be handed out, mailed, or faxed. These are uploaded into the client file (in this case

the one created by the provider) by photo imaging or scanning. From there the other digi-documents for the provider are completed as usual.

- *How are records requests handled in a 'digi-file'?*

All digital forms are immediately saved to the client digital file. All digital form can be printed, either completed by the client and/or blank – with your practice information automatically appearing at the top (and if for a client, their demographics appear as well). Lastly, with the click of a button, the provider can generate the entire clinical record into one PDF, either printable or digitally secured for electronic transmission.

- *I have more questions and want to talk with someone who knows more about the server?*

For a short YouTube testimonial from a long-time paper dedicated provider, now pleased to use the server, [click here](#). To see what one provider from Ft. Myers recently said about the support of LaRose and working with the server, click here. To speak with the LCSW who has been using the model and requesting continuous changes and improvements to the server, contact LaRose.

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