

Beck Institute for Cognitive Behavior Therapy Guide to the Patient Portal

Beck Institute for Cognitive Behavior Therapy One Belmont Avenue, Suite 700 | Bala Cynwyd, PA 19004 | 610-664-3020 beckinstitute.org

For questions about the portal, please contact Clinical Services Representative, Tia Jones, at 610-664-3020 x216.

ACCOUNT SET UP

1. Once you agree to sign up for the patient portal, you will receive an email to complete the set up. You will have 7 days to initiate this process before your unique link expires. You can expect the email to look similar to the below. Please select "Click to setup account" to access the Password Setup page.



2. Once you have finished selecting your password and security questions, please click "Create Account".

Password must be at least 6 characters long and ha	Password Setup
Password must be at least 6 characters long and ha	
	ave at least 1 upper case letter, 1 lower case letter and 1 number or non-alphabetic character (e.g., $I@\#5\%^{+}$?).
	Password Confirm Password
	Security Questions
	Question 1
	Answer 1
	Question 2
	Answer 2
	Question 3
	Answer 3

3. You will then receive the following confirmation message. Click on "Go to Your Account" to proceed to the next step.



4. Upon the initial login to your account, you will be asked to update your demographic information. This includes your name, birth date, marital status, address, phone number, email, and more. Please note that a phone number is required to receive phone call or text message appointment reminders. Click "Submit" when finished.

Beck Institute			
Home Clinical Documents Billing Account S	Settings Practice Paper Work	Locations	Messages (0)
Change Demographics [?] Changes made will not be immediately reflected in your pro-	ortal account as your provider must	review the change	es you make.
Personal			
First M. I. Last Mary Test-Pati	ient		
Suffix Preferred Name	Marital Status		
CO3/12/1990	×		
Education Level		*	
Race (select all that apply) Choose Destinate to specify any if you would rather not specify race American Indian or Alaskan Native Asian Black or African American Native Hawailan or Pacific Islander White Declined to specify	a. Any other selected option will be ignored it	'Declined to specify' is	selected.
Address			

5. Once you update your demographic information, you will receive the following confirmation message. Please click on the "Home" tab to access the main page.

E	Beck l	nstitute						
	Home	Clinical Documents	Billing	Account Settings	Practice Paper Work	Locations	Messages (0)	
	Accou	nt Settings						
	Cha	ange Login or Email						
	Cha	ange Password						
	 Cha 	ange Security Question	ns					
	Cha	ange Demographics or	r Insurance Ir	formation				
	Your demo	graphic changes have	e been submi	tted successfully. Char	iges made will not be imme	diately reflected	in your portal accoun	t as your provider must review the changes you make.

REQUESTING AN APPOINTMENT

1. While on the "Home" tab, you will be able to view any upcoming appointments at Beck Institute and request a new appointment by clicking on "Request an Appointment" on the right of your screen.

	Beck	Institute						
ſ	Home	Clinical Documents	Billing	Account Settings	Practice Paper Work	Locations	Messages (0)	
	New	Measures and	Clinical I	Forms from Be			Quick Links	
	You ha	ive no new measures or c oming Appointn	linical forms. 1ents			Change Demographics or Insurance Information Request an Appointment		
	You ha	ive no appointments sche	duled for the	next 6 months.		/		

2. When requesting an appointment, you will be asked to confirm the name of your therapist, appointment type (individual or couples therapy), and preferred dates. Once the information is complete, please click "Search".

Beck	Institute						
Home	Clinical Documents	Billing	Account Settings	Practice Paper Work	Locations	Messages (0)	
Re	quest an Ap	pointn	nent				
Pro	ovider						
AI	llen Miller, PhD						
Lo	cation						
Be	eck Institute						
Ар	pointment Type						
S	elect	~					
Pre	eferred Dates						
	11/16/2021		MM/DD/YYYY		~		
							Search Cancel

3. The next screen will display available appointments within your preferred dates search parameters. To select an appointment, please click "Request."

equest an App	ointment		
Provider			
Allen Miller, PhD			
Location			
Beck Institute			
Appointment Type			
Individual Psychotherap	у 🗸		
Preferred Dates			
11/16/2021	11/20/2021	¨	
Available Appointn	nents		
11/16/2021 8:00 AM - 9:00 A	AM Request	-	
11/16/2021 9:00 AM - 10:00	AM Request		
11/16/2021 10:00 AM - 11:0	0 AM Request		

- 4. Please note that all appointment requests must be confirmed by our Clinical Services Representative. Once appointment is confirmed, you will receive a confirmation email.
- 5. **Please note that the portal may not be used to cancel appointments.** Appointments must be cancelled via phone by calling Clinical Services Representative Tia Jones at 610-664-3020 x216.

PREPARING AND PAYING FOR YOUR APPOINTMENT

1. You will be able to complete all necessary steps to prepare for your appointment by using the patient portal. The home page will list upcoming appointments, as shown below:

ome	Clinical Documer	nts Billing	Account Settings	Practice Paper Work	Locations	Messages (0)	
New	Measures a	nd Clinical	Forms from Be	eck Institute			Quick Links
Date 11/18 11/18 Upc	/2021 12:31:44 PM /2021 12:31:44 PM oming Appoi	Message Please complete Please complete ntments	e the GAD-7 before 12/1 e the PHQ-9 before 12/1	8/2021. 8/2021.			Change Demographics or Insurance Info Make a Payment Request an Appointment
Ti	me		Provider	Location			
Fr	iday, Nov 19, 2021 ()8:00 AM	Allen Miller, Ph	D Beck Institute			

2. From time to time, your therapist may ask you to complete a checklist to evaluate your symptoms or gather information about your experiences. These measures will automatically appear on the home page of your patient portal. To complete each questionnaire, please click on its name and follow the instructions.



3. Once you finalize your answers, please press "Submit".

GAD-7				
Please read each statement and select a number 0 If you are concerned about your results in any way,	, 1, 2 or 3 whic please speak	h indicates how m with a qualified he	uch the statement applied to y alth professional.	you over the past two w
	0: Not at all	1: Several days	2: More than half the days	3: Nearly every day
Feeling nervous, anxious or on edge	0	0	0	0
Not being able to stop or control worrying	0	0	0	0
Worrying too much about different things	0	0	0	0
Trouble relaxing	0	0	0	0
Being so restless that it is hard to sit still	0	0	0	0
Becoming easily annoyed or irritable	0	0	0	0
Feeling afraid as if something awful might happen	0	0	0	0

4. We will continue to ask you **to prepay for your visits, as outlined by our clinic policy**. To make a one-time payment, please click "Make a Payment" on the right side of your home page.

Ho	me	Clinical Documer	nts	Billing	Account Settings	Prac	tice Paper Work	Locations	1	Messages (0)	
	New	Measures a	nd Cli	inical F	Forms from Be	eck In	stitute				Quick Links
	Date	2021 12-31-44 DM	Messag	je comploto ti	ha GAD 7 hafara 12/1	8/2021					Change Demographics or Insurance Information Make a Payment Request an Appointment
	11/18/	2021 12:31:44 PM	Please of	complete th	he PHQ-9 before 12/10	B/2021.				/	request an Appointment
	Upc	oming Appoi	Intme	nts							
	Tii	ne			Provider		Location				
	Fri	iday, Nov 19, 2021 (08:00 AM		Allen Miller, Ph	D	Beck Institute				

- 5. The "Automated Payment Processing" page will allow you to securely enter your credit card information, amount of prepayment, as well as your billing information.
 - If you would like to receive a receipt for the transaction, please enter your email on the bottom right. **Please note that the receipt message will NOT be encrypted.** The receipt will NOT include any of your personal information, appointment details, or full credit card number.
 - If you would like to save your card information for future transactions, please click the box next to "Save to Card Manager" on the bottom left and provide a nickname for this form of payment, i.e. "Smith Visa".
 - Once ready, please click "Submit" to process payment. Your payments will be automatically reflected in our system and applied to your account on the day of your appointment.

alast Card	Amazumt	
	Amount	
New Card	▼ \$0.00	0 (
ard Details	Billing Information	
ard Number	Patient: Use Patient's Billing Information	
	New: Type Billing Information	
xpiration Date	Guarantor: Use Guarantor's Billing Information	
	Card Manager: Card Manager Entry	
	First Name Last Name	
9	Mary Test-Patient	
	Address 1	
		•
	Address 2	
	City State Zip	
	UT 🗸	0
	Email for Receipt	
	xxxxxx@gmail.com	
		/
Save to Card Manager		

6. To save your credit card and automate future transactions (optional), please click on "Billing" tab.

Home	Clinical Documents	Billing	Account Settings	Practice Paper Work	Locations	Messages (0)	
Nev	v Measures and	Clinical F	Forms from Be	ck Institute			Quick Links
Date 11/13 Upc	Mes 8/2021 12:31:44 PM Plea coming Appointn	isage ise complete t nents	he PHQ-9 before 12/18	3/2021.			Change Demographics or Insurance Information Make a Payment Request an Appointment
Т	ïme		Provider	Location			
F	riday, Nov 19, 2021 08:00	AM	Allen Miller, Ph	D Beck Institute			

7. Select "New Card Entry" on the right of your screen.

Home	Clinical Documents	Billing	Account Settings	Practice Paper Work	Locations	Messages (0)		
Onl	ine Payments							
Make	a Payment							
You h	ave no online payments.							
Car	d Manager							
							+ New Card Entry	
Car	i Entry		Card Number		E	xpiration	Actions	
	No cards on file for this patient. Please add a new card.							

8. Fill in your credit card information, email for receipt if needed, and click "OK." Your credit card will be safely stored in our EHR system for future use.

New Card Manager Entry			×		
Card Details	Billing Information				
Card Entry Card Number	Patient: Use Patient's Billing Information New: Type Billing Information Guarantor: Use Guarantor's Billing Infor	n mation			
0	Card Manager: Card Manager Entry				
Expiration Date	First Name Mary	Last Name Test-Patient			
cvv	Address 1		₿		
	Address 1 Address 2				
	City	State	Zip		
	Euroil for Dessint	PA 👻	•		
	xxxxx@gmail.com				
			OK Cancel		

SENDING SECURE MESSAGES TO YOUR THERAPIST

1. Our new system comes with a secure messaging option. To communicate with your therapist, please click on "Messages" tab.

Home	Clinical Documents	s Billing	Account Settings	Prac	tice Paper Work	Locatio	ns	Messages (0)	
New Measures and Clinical Forms from Beck In					stitute	Q	uic	k Links	
Date	N	Message			Cł Ma	Change Demographics or Insurance Information Make a Payment			
11/18	11/18/2021 12:31:44 PM Please complete the PHQ-9 before 12/18/2021.			Re	quest	uest an Appointment			
Upc	Upcoming Appointments								

2. Next, click "Open Secure Messaging." Please note that this communication tool is NOT TO BE USED FOR EMERGENCIES. If you are experiencing a crisis, call 911, go to your nearest hospital emergency room, or contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Additionally, the secure messaging feature may not be used to cancel appointments. Appointments must be cancelled via phone by calling Clinical Services Representative Tia Jones at 610-664-3020 x216.

Home	Clinical Documents	Billing	Account Settings	Practice Paper Work	Locations	Messages (0)	
Sec	ure Messaging						
You ha	ave no unread secure me	ssages.					
Please Note: Secure messaging is meant for routine clinical and administrative matters. It is not to be used for emergencies. If you are experiencing a life threatening emergency, please call "911".							
Op (It will	en Secure Messagin	g					

3. To send a message, please click "Compose" on the top left of your screen.

Y Compose					
Folders	Page 0 of 0 > >>> C No data to display				
Inbox	Date Sender Subject				
Sent					
Drafts	No messages found.				

4. On the next page, please confirm the name of your clinician. Complete your subject and message and click "Send." Your therapist will typically respond within 24 to 48 hours, excluding weekends and holidays.

Compose Mess	age	00			
Please Note: Secure messaging is meant for routine clinical and administrative matters. It is NOT to be used for emergencies. If you are experiencing a life-threatening emergency, please call 911.					
To:	Allen Miller, PhD >	÷.			
Subject:					
Helvetica	▼ B I U T* T* <u>T</u> ▼ <u>E</u> Ξ Ξ Ø Ξ Ξ Ў				
	Send Save Draft	Close			

If you have any questions or need more information, please contact our **Clinical Services Representative Tia Jones at 610-664-3020 x 216.**