

# “An Ethical Use of Electronics, EHR, and e-Anything: A Collaborative Venture with Your IT and EHR Vendors”

Joseph H. McCoy, Ph.D.,

Licensed Psychologist

Russell Rothchild

CEO, TheraManager LLC

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Valley Psychological Productions

# DISCLAIMER

- This is not a sales presentation.
- This presenter gets zero compensation for mentioning the two commercial vendors he will mention.
- Mr. Rothchild is here as an expert in EHR.
- You are responsible for consuming this information, i.e. these may not be the definitive answers.

# MYTHS ABOUT PRESENTER

- Since he's teaching this he must be perfectly ethical
- He probably never made an ethical mistake
- Knows everything about ethics and electronic compliance
- Walks on water!

# MYTH ABOUT THERAPISTS

- Therapist's learn therapy in practices and organizations free of competition or influence.
- If you're a good person, the money & ethics will take care of itself.



# WHAT TO COVER?

- SOMETHING BESIDES HIPAA PLEASE!
- Whoops-Electronic Compliance
- RECENT LAW: Texas HB 300
- WHAT TO DO WITH (EH) RECORDS
- What about smartphone/tablet?
- That new reporting law!

# WHAT's NEW that's not electronic?

- May 30, 2012
- Greg Abbott says we are not required to report abuse or neglect that occurred during an adult patient's childhood!
- But new law says otherwise(later)

# WHAT'S ELECTRONIC COMPLIANCE?

- It's a lot of stuff!
- Including el baño
- Billing
- Backups (&backup, or backups....)
- Passwords
- Encryption
- Notification statement
- Got EHR?
- Cloud service/backup?

# WHAT'S ELECTRONIC Best Practice?

- Thinking through everything you do with PHI that's on a device of any kind.
- Is it safe?
- Is it encrypted?
- Can you defend it?

# WHAT'S ELECTRONIC 1

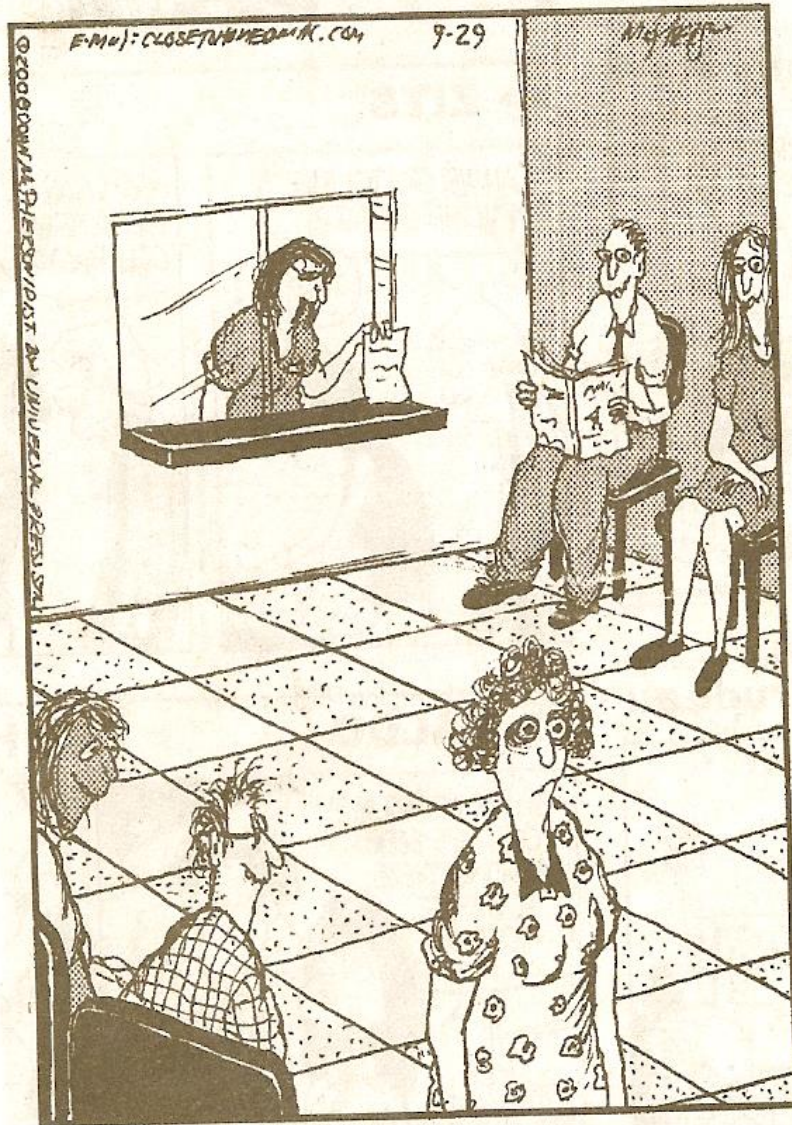
- Devices you use
- What do they have on them?
- How is it stored?
- How do you access internet?

# WHAT'S ELECTRONIC 2

- Routers, Modems, ports OH MY!
- Use a business class router!
  - Why?
  - Can make you invisible to net

# WHAT'S ELECTRONIC 3

- PEN/flash DRIVES
- Memory Sticks
- Backup Drives
- Smart Products (what's your policy?)



**“Mrs. Cranley! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!”**



# HIPAA (el baño) Compliance Policy

## HIPAA Compliance Policy

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Do not attempt to log on to this computer system unless you are an authorized user. All Users must comply with HIPAA PRIVACY RULE REQUIREMENTS while using this computer system. Log on only under your assigned user id. Do not attempt to access health information that you are not allowed to use. Log off or lock your workstation when it is unattended.

# *HIPAA Security Rule*

This rule requires practitioners to safeguard protected health information that is transmitted or stored in electronic form, which may include patient notes, e-mail with or about patients, and insurance or financial records with identifying patient information. The Security Rule outlines the steps a psychologist /healthcare professional must take to protect confidential information from ***unintended disclosure through breaches of security.***

# *HIPAA Security Rule Includes*

- any reasonably anticipated threats or hazards, such as a computer virus, and/or any inappropriate uses and disclosures of electronic confidential information (for example, confidential patient information e-mailed to the wrong person due to human or technical error).

# *HIPAA Security Summary*

- Specifically, covered entities must:
- Ensure the confidentiality, integrity, and availability of all e-PHI they create, receive, maintain or transmit;
- Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- Protect against reasonably anticipated, impermissible uses or disclosures; and
- Ensure compliance by their workforce.

– From <http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html>

# *HIPAA Security Rule Implies*

- You don't have antiviral software you are out of compliance for having allowed a reasonable threat of a breach.
- You have to have it! Get it!
- Use free stuff like AVG if you don't have a network.
- You can't have Windows XP any more—it's not officially supported any longer by Microsoft as of April 8<sup>th</sup>, 2014.
- You can get away with it for a while with the right protections on a secure network, but why risk it?

# *HIPAA Security Rule Risk Analysis*

- A risk analysis process includes, but is not limited to, the following activities: Evaluate the likelihood and impact of potential risks to e-PHI;<sup>8</sup>
- Implement appropriate security measures to address the risks identified in the risk analysis;<sup>9</sup>
- Document the chosen security measures and, where required, the rationale for adopting those measures;<sup>10</sup> and
- Maintain continuous, reasonable, and appropriate security protections.<sup>11</sup>

# *HIPAA Security Rule: Physical Safegaurds*

- **Facility Access and Control.** A covered entity must limit physical access to its facilities while ensuring that authorized access is allowed.<sup>21</sup>
- **Workstation and Device Security.** A covered entity must implement policies and procedures to specify proper use of and access to workstations and electronic media.<sup>22</sup> A covered entity also must have in place policies and procedures regarding the transfer, removal, disposal, and re-use of electronic media, to ensure appropriate protection of electronic protected health information (e-PHI).

– [Therapractic vendor has some nice tools for this]

# Humor Break

- My best job was being a musician, but eventually I found I wasn't noteworthy.
- I studied a long time to become a doctor, but I didn't have any patience.
- Next, was a job in a shoe factory. I tried but I just didn't fit in.
- I became a professional fisherman, but discovered that I couldn't live on my net income.



# ENCRYPTION! A MUST!

- Despite that statement it is true that:
- ***HIPAA doesn't require data encryption,***
- ***But you should!***

# WHY ENCRYPT?

- Because it keeps you off the 5 O'Clock News
- Because you get to keep your job—law helps here

# WHY ENCRYPT? Legal Help

- The [HITECH Act of 2009](#) modified the [HIPAA data breach rule](#) by stating that if a device is lost or stolen, the loss is not reportable as a HIPAA data breach if the data is encrypted in compliance with data encryption guidance from the [National Institute of Standards and Technology \(NIST.\)](#)

# HOW TO ENCRYPT?

- Latest Versions of Microsoft OS allow you to right click and encrypt drive(OK) I've done it for my server
- Make a crypt on your devices and always use them
- TrueCrypt and Cryptainer FREE!!!

(TrueCrypt--not supported past Win7 but safe)

# MORE HOW TO ENCRYPT?

- Set a very challenging password 12-16 characters long with letters, numbers and caps at least
- Best practice is to make a **key** as well(TrueCrypt does this)

# WHY KEY? WHY TWO?

- Remember the old paper rule for PHI?
- It must be behind two locked doors or forms of security.
- A key is something you have that PW will not work without
- Security experts say best security is that you have to Have something and Know something to get in. (Hence biometric data)

# How does this apply to other devices?

- iOS password lock makes your data encrypted
- Other smartphones offer encryption options if their PW system doesn't do this
- Make your PW difficult! Don't use four digit option. My kids and patients figure it out watching me once. 6 digits can't follow. Standard is still 8+ digits with two features.
- It's worth it. HEB story!!!

Dr. McCoy your staff says:

There's no better vacation than my boss being on vacation.



someecards



# *You've Got Mail!*

- Joseph H. McCoy, Ph.D.
- Licensed Psychologist
- Pres. Valley Psychological Services, P.C./Director of Clinical Training, Lone Star Psychology Residency Consortium
- 5109 S. McColl
- Edingburg, TX 78539
- p:956-682-0385/fx:956-62-0388 (North Entrance to Plaza D'Oro, south of Alberta)
- 
- **NOTICE!!!** This e-mail is confidential, intended only for the named recipient(s) above and may contain information that is privileged, professional work product or exempt from disclosure under applicable law. If you have received this message in error, or are not the named recipient(s), please immediately notify the sender and delete this e-mail message from your computer. Thank you. You accept that communicating with me via e-mail is a non-secure form of communication that cannot guarantee confidentiality once this message leaves your or my computer and passes through the internet to be received by the other. You must not communicate with me in this fashion if this is not satisfactory and you must accept the responsibility for loss of confidentiality that is outside of my control. Thus, you e-mail VPS or have us e-mail you at your own risk. Thanks, Dr. McCoy

# *How to Send Mail Best Practice!*

- Encrypted!
- Crytainer (free)
- True crypt (free)
- Word 2007+ (best/easiest)

# *Where's Your Mail Stored?*

- Mail server?
- Laptop/Desktop?
- Smart phone/pad?

# *How's Your Mail Sent?*

- Encrypted (ssl)?
- Types of security licenses
- Encrypted on Server or **not** (former more expensive license)
- “Direct e-Mail” (outsiders)

# *HB 300 Enters Here!*

- Must send electronic records electronically to patient within 15 days of written request unless...

# *HB 300 Enters Here! Cont.*

- Unless you can prove your can't do so securely.
- Or you have an opt out clause in your HIPAA notification and consent to treat contract

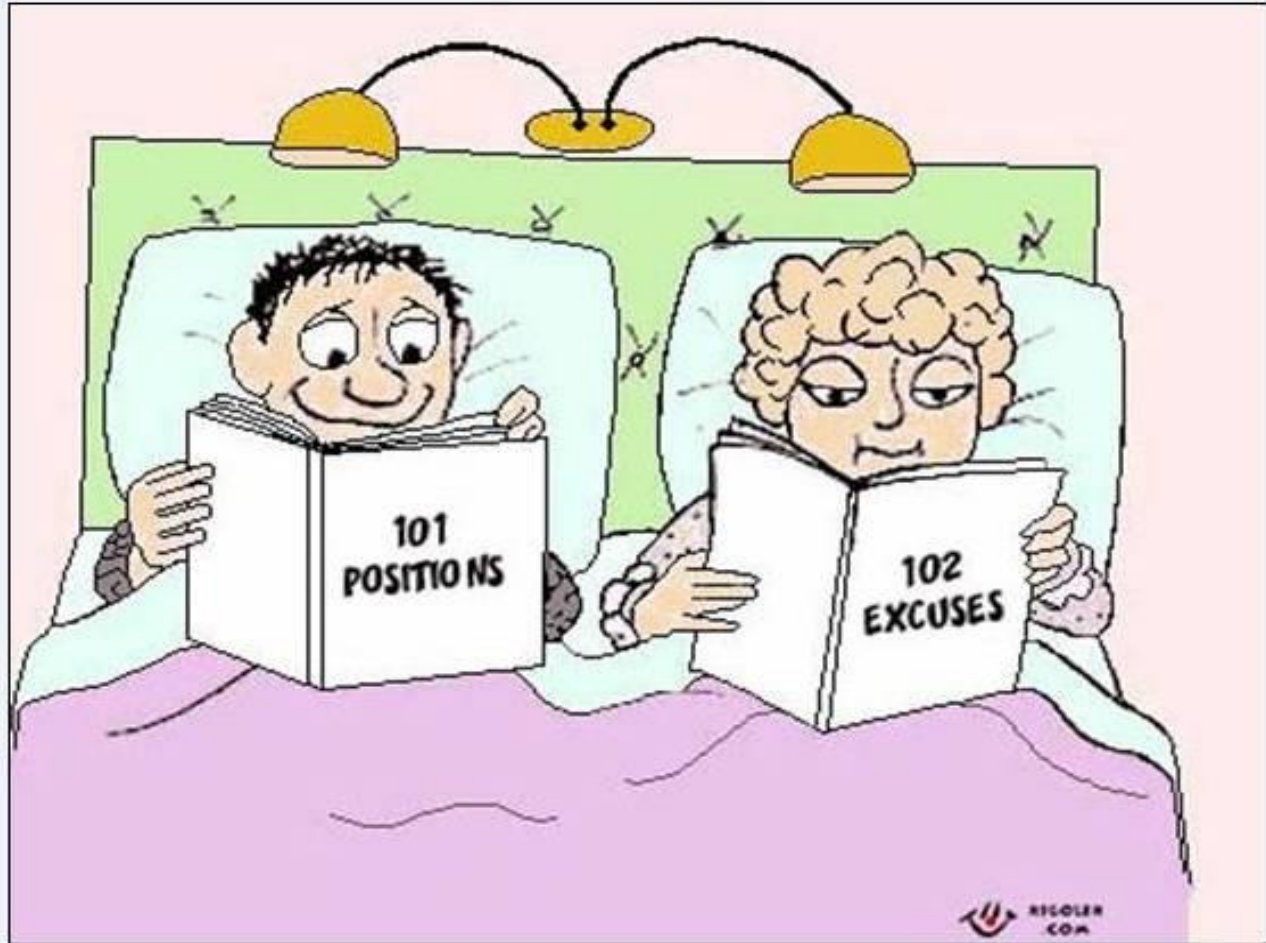
This is a commercial break to remind you that

MEN are from MARS



And Women are from VENUS:







# REMEMBER Abuse Reporting?

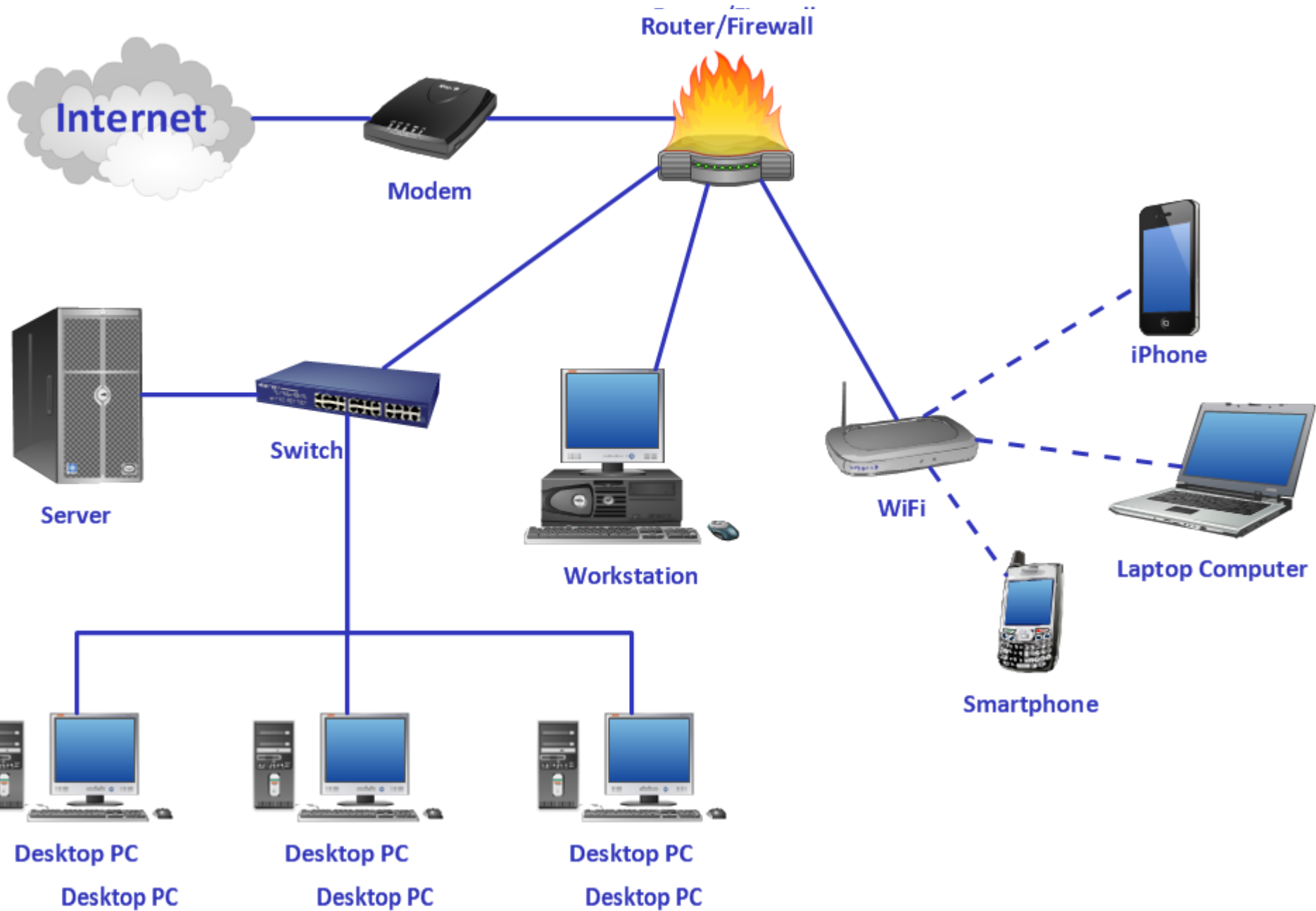
- New law on reporting abuse:
- Gregg Abbot's position--

That position remained the law until the 83rd Legislature acted to amend Tex. Fam. Code. §261.101 as follows:

# REMEMBER Abuse Reporting?

(B-1) In addition to the duty to make a report under Subsection (a) or (b), a person or professional shall make a report in the manner required by Subsection (a) or (b), as applicable, if the person or professional has cause to believe that an adult was a victim of abuse or neglect as a child and the person or professional determines in good faith that disclosure of the information is necessary to protect the health and safety of:

- (1) another child; or
- (2) An elderly or disabled person as defined by Section 48.002, Human Resources Code.



# Why this picture

- You need to know some basics about where security breaches can occur
- At point of entry (router/modem)
- For office use a business class router/modem
  - Why?
  - Because it can make you invisible to internet
- What's a network?

# Routers and Modems-Oh MY!

- Modem-ISP entry into building
- Router—Mechanism that allows you to assign IP numbers to devices hooked up to your network.
- Can be hardwired and/or wireless
- Have a business class Router.

# Routers and Modems-Set UP!

- If you do go wireless
- a) Use WPA2 encryption option as it is the **most** current and robust wireless **encryption**
- b) Make a password no less than 8 characters long with at least 2 of 3 options including number, at least one capital, and/or on special character.
- c) Make your network name random/unique

# Routers and Modems-Set UP!

**You can hook up a wireless router (the actually come with two networks now) so you can have one for staff and one for your patients.**

**But get a business class one, it costs an extra \$40-\$80, i.e. about \$125.00 for the router vs. \$19.99 to \$35.00 for one at home. Peace of mind is worth \$125.00.**

**Your IT guy/gal can help you set it up properly so that your network is invisible to the internet, except maybe the NSA.**

**Confused? Solution on next page**

# IT GUY

- **1. Some to help set-up email**
- **2. for secure e-mail in office**
- **3. for secure remote access**
- **4. for secure backup tech and procedures**
- **A+ Mobile Techs™**



# IT GUY

- Michael B. Thomas
- A+ Mobile Techs™
- direct: 508-737-1986
- 1-866-417-3945
- [www.OnsiteComputerRepairServices.com](http://www.OnsiteComputerRepairServices.com)

# Backups, backups, backups

- Encrypted backups
- Weekly
- Must have one backup off site at all times.

# **TO EHR or NOT to EHR**

- **1 That is the question?**
- **2. Don't get government incentives**
- **3. You can have a secure place to access all PHI without all the paper, and worry less about security.**
- **4. Many to choose from, but...**
  - **[let me show you some features]**

# As of Yesterday-not a reason yet



The screenshot shows the 'Medicaid EPs' selection screen. At the top left is the 'EHR INCENTIVE PROGRAM' logo, and at the top right is the 'CMS CENTER FOR MEDICARE & MEDICAID SERVICES' logo. The title 'Medicaid EPs' is centered. Below it is the question 'Are you one of the following?'. A list of eligible professions follows, each with a checkmark icon: Physician\*, Dentist, Certified nurse-midwife, Nurse practitioner, and Physician assistant practicing in an FQHC or RHC led by a physician assistant. A note under 'Physician\*' states: '\*Physicians in the Medicaid program are almost always required to be Medical Doctors (MDs) or Doctors of Osteopathy (DOs)'. At the bottom are two buttons: a green 'Yes' button and a blue 'No' button, with a '« Back' button below them.

**EHR INCENTIVE PROGRAM**

**CMS**  
CENTER FOR MEDICARE & MEDICAID SERVICES

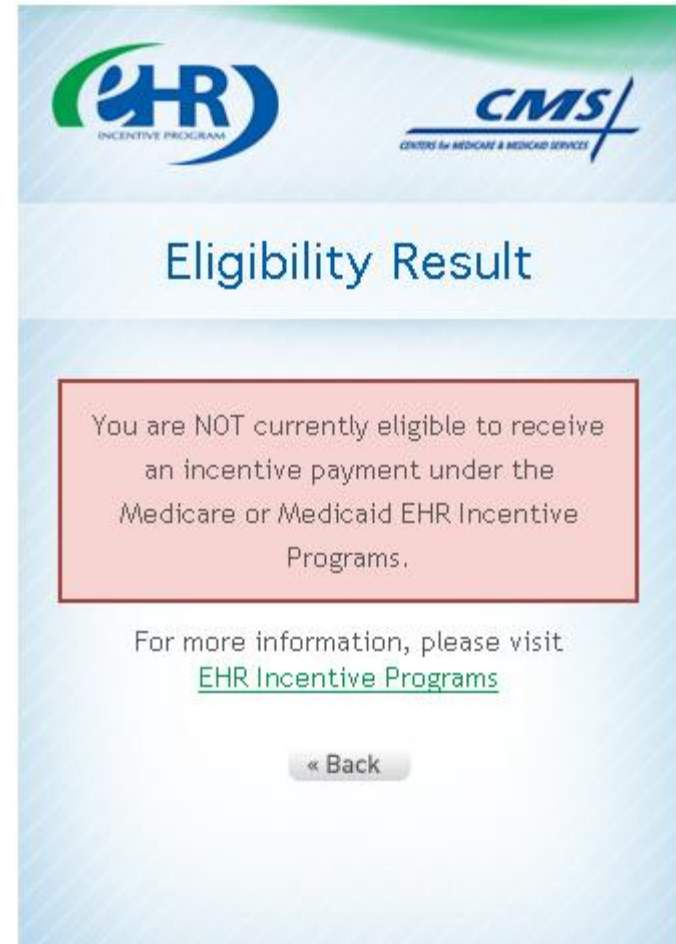
## Medicaid EPs

Are you one of the following?

- ✓ **Physician\***  
\*Physicians in the Medicaid program are almost always required to be Medical Doctors (MDs) or Doctors of Osteopathy (DOs).
- ✓ Dentist
- ✓ Certified nurse-midwife
- ✓ Nurse practitioner
- ✓ Physician assistant practicing in an FQHC or RHC led by a physician assistant

**Yes** **No**

« Back



The screenshot shows the 'Eligibility Result' screen. At the top left is the 'EHR INCENTIVE PROGRAM' logo, and at the top right is the 'CMS CENTER FOR MEDICARE & MEDICAID SERVICES' logo. The title 'Eligibility Result' is centered. A large pink box contains the message: 'You are NOT currently eligible to receive an incentive payment under the Medicare or Medicaid EHR Incentive Programs.' Below this box, it says 'For more information, please visit [EHR Incentive Programs](#)'. At the bottom is a '« Back' button.

**EHR INCENTIVE PROGRAM**

**CMS**  
CENTER FOR MEDICARE & MEDICAID SERVICES

## Eligibility Result

You are NOT currently eligible to receive an incentive payment under the Medicare or Medicaid EHR Incentive Programs.

For more information, please visit [EHR Incentive Programs](#)

« Back

# My EHR expert

**Mr. Russell Rothchild**

**CEO of TheraManager, LLC**

<http://theramanager.com/>

email: [sales@theramanager.com](mailto:sales@theramanager.com)

call 1-800-913-4294

# **EHR in the Cloud?**

- **1 Is EHR in the Cloud better than on your computer or server?**
- **2. Level of safety and security are the best incentives.**
- **3. But you should consider the following:**

# EHR-Why Cloud?

| <u>HIPAA Violation</u>   | <u>Maximum Penalty</u>  |
|--|---|
| <b><u>1. The Penalties for Provider 'innocent mistakes' can be severe:</u></b>                                   |   |
| Individual did not know (and by exercising reasonable diligence would not have known) that he/she violated HIPAA | \$50,000 per violation, with an annual maximum of \$1.5 million |
| HIPAA violation due to reasonable cause and not due to willful neglect   | \$50,000 per violation, with an annual maximum of \$1.5 million |

# EHR-Why Cloud?

- **2. Fines are truly being levied against medical providers of all sizes:**
- We are not even referring to malicious-intent cases. Here are just a few examples of Practices that were fined and actually paid hundreds of thousands of dollars because of situations such as a lost memory stick or laptop, a patient schedule being posted on the Internet, or some insurance claim forms being carried home by a Billing Person for processing that got misplaced:



# EHR-Why Cloud?

- Medlaw.com | Physician Office Fined \$100K For HIPAA Violation  
<http://www.medlaw.com/physician-office-fined-100k-for-hipaa-violation/>
- Massachusetts provider settles HIPAA case for \$1.5 million

# EHR-Why Cloud?

- **3. So, what is the answer? --> Do not hold this data!**
- Clinicians across the country are removing Protected Health Information from their offices, their computers, their filing cabinets, their memory sticks, and their employee's homes. Rather, they are relying on cloud hosted solutions, provided by software companies and data centers to hold their data, which they can access over the Internet.

# EHR-Why Cloud?

- 4. BUT, not all clouds are the same....
- What is a cloud environment? Simply put, a cloud environment is a computer server or servers made available to end-users over the Internet.



‘You’re moving away from this...’



You think  
you're  
moving to  
this...



“But how do you know you’re not really moving to this?”



# Data Centers Should

- HIPAA-specialized data center, which amongst many other criteria provides:
  - - Encrypted communications between Cloud servers and all end-user devices
  - - Redundant Server Hardware
  - - Managed Data Backups
  - - Facility-wide emergency power & lighting, fire & water damage protection
  - - 24/7 Physical Security Monitoring
  - - 90 Day Video Surveillance & Retention



# Data Centers Should

- - Secure Cabinets & Cages used to house all server hardware
- - Monthly cabinet & cage access reports
- - Data Center access controlled through dual security (badges + biometrics)
- - Data Center availability for external audits
- - Security Incident Response Plans



# EHR and closing practice

- Will cover later in presentation
- But don't sign contract with EHR provider until you know how they handle your closing down your EHR and manage record requests.

# The Privacy Rule: key points

- Can disclose PHI to facilitate treatment, payment, or health care operations (though the language of the law in this area is painfully obscure)
- Disclose minimum amount of PHI to satisfy the situational need
- Psychotherapy notes excluded!

# Psychotherapy notes defined:

- Maintained separate from the medical record (but can be in electronic form)
- Intended to jog your own memory, not to document care or convey information
- Excludes: session times, medication issues, test results, diagnosis, status, treatment plan, symptoms, prognosis, and treatment progress

# RECORDS

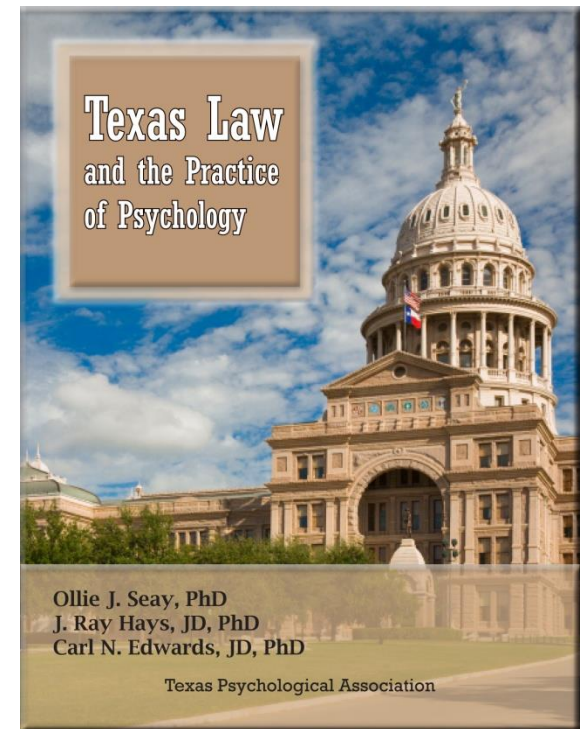
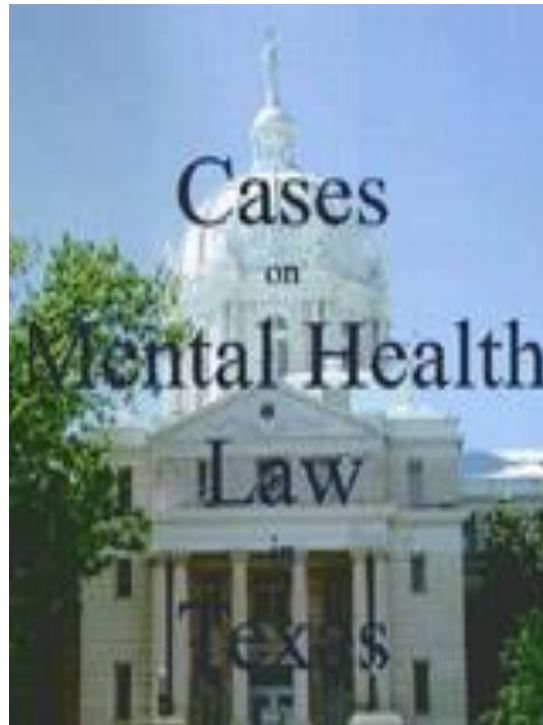
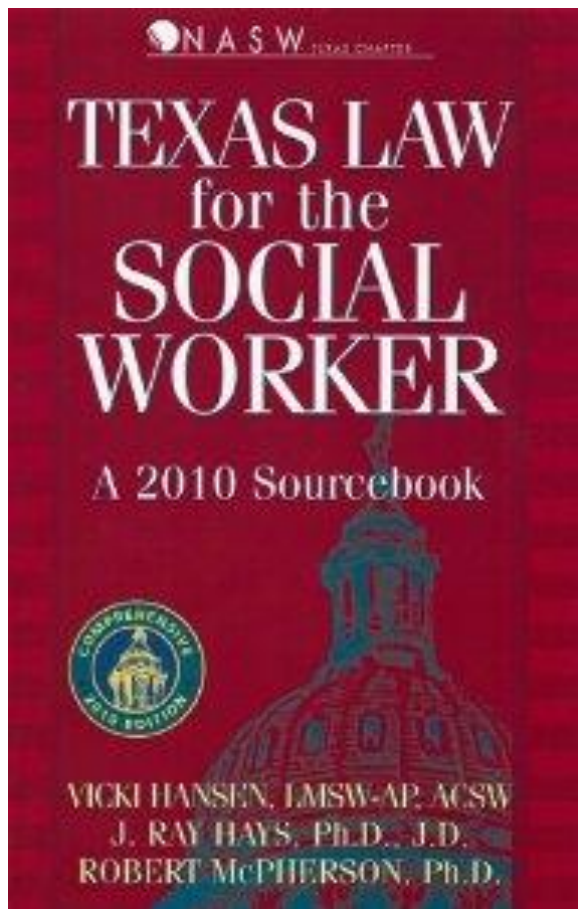
- Simply put, “release them only as absolutely necessary.”
- Release summaries instead of full records when you can
- Subpoenas

# AH! HIPAA

- “Stimulus bill gives HIPAA some teeth”
- The good
  - Protected “psychotherapy notes” expanded
- The uncomfortable
  - You cannot hide breaches in PHI
- The costly
  - The HIPPA police is on the way

# How often do they prosecute?

- HIPAA only: 40,669 complaints from 2003 through 2008.
- After five years, HHS had not imposed a single civil penalty (this was 6 years ago; it's changed—as Mr. Rothchild pointed out)
- But individual mental health professionals I know none as of this date. (changed slightly)
- HIPAA plus HITECH: the jury is still out.



THERE IS A 2014  
EDITION OF THE TWO  
BOOKS ON THE  
RIGHT!!! GO TO  
<https://tpa.site-ym.com/store/ViewProduct.aspx?id=3665034>

# Most Recent Analysis of LP's

- **TSBEP DISCIPLINARY ACTIONS**

- July, 2005 – May, 2010

- **INFRACTION**

- **LICENSEES DISCIPLINED**

|   |    |
|---|----|
| • Failure to Report Legal Action                              | 34 |
| • Negligent Supervision                                       | 27 |
| • Improper Denial/Release of Client Records                   | 17 |
| • Inadequate Informed Consent                                 | 14 |
| • Inadequate Record-Keeping                                   | 13 |
| • Violations of Continuing Education (CE)                     | 9  |
| • Unsubstantiated Forensic Statements                         | 9  |
| • Criminal Conviction/Failure to Report                       | 8  |
| • Unethical Dual/Multiple Relationships (non-sexual)          | 5  |
| • Unlicensed Practice by Licensee                             | 5  |
| • Unprofessional Conduct, Legal Actions Reported              | 5  |
| • Inappropriate Sexual Relationships                          | 4  |
| • Violation of Advertising Rules                              | 4  |
| • Personal Problems w/ Potential to Impair Competency         | 2  |
| • Improper Delegation   | 2  |
| • Violation of TSBEP Order                                    | 2  |
| • Failure to Report Sanctions Received from non-TSBEP Sources | 2  |
| • Other   | 8  |



# Most Recent STATS of LP's

## Complaint Statistics

FY2013-Board disposed of 263 complaints and opened 290 new complaints.

Categories of complaints disposed of in FY2013

Administrative Violations – 44

CE Violations – 124

Cease and Desist – 11

Forensic – 42

Of those 42, 27 (64%) were complaints arising out of Custody/Visitation cases

General Therapy – 26

School Psychology – 12

Sexual Misconduct – 1

Misc. – 3

FY2014-Board disposed of 251 complaints and opened 243 new complaints.

Categories of complaints disposed of in FY2014

Administrative Violations – 18

CE Violations – 143

Cease and Desist – 8

Forensic – 23

Of those 23, 16 (70%) were complaints arising out of Custody/Visitation cases

General Therapy – 40

School Psychology – 5

Sexual Misconduct – 9

Misc. – 5

# HB 300 the details

- Each covered entity shall **provide a training program to employees** (within the first 60 days of employment) regarding state and federal law concerning protected health information as it relates to the covered entity's particular course of business; and each employee's scope of employment.

# HB 300 the details

- Employees must review this program at least once every two years. A covered entity shall require employees receiving training to sign a statement verifying the employee's attendance at the training program. The covered entity shall maintain the signed statement. ([Texas Health Code Chapter 181.101](#) *as modified by HB 300*)

# HB 300 the details

- If a health care provider is using an electronic health records system that is capable of fulfilling the request, the health care provider, not later than the 15th business day after the date the health care provider receives a written request from a person for the person's electronic health record, shall provide the requested record to the person in electronic form unless the person agrees to accept the record in another form.

# HB 300 the details

- The sale of protected health information is prohibited, except "as otherwise authorized or required by state or federal law."
- Sale of practice is an exception for several reasons:

# HB 300 the details on sale of practice

- Sale of practice is an exception for several reasons:
- It's part of the doing business and covered by the statement "Authorization is not required if the disclosure is made for the purpose of treatment, payment, health care operations."

# HB 300 the details on sale of practice-2

- Licensee has right to sell, dispose or receive transfers of PHI as part of providing care, not for marketing purposes. Notice and referral must make reasonable efforts to inform current and former patients and inform them by a certain date, unless the patient provides the name of an alternative mental health provider. Law says a reasonable time to patients to make reasonable responses. Somewhere 30-90 days is reasonable when transferring custodianship of records. Your covered if the sale is to another covered entity.

# HB 300 the details

- A covered entity may not electronically disclose an individual's protected health information to any person without a separate authorization from the individual or representative for each disclosure. Authorization is not required if the disclosure is made for the purpose of treatment, payment, health care operations; or performing an insurance or health maintenance organization function or as otherwise authorized or required by state or federal law.



## HB 300 the details

- If there is an unauthorized electronic disclosure of a patient's PHI, then the patient should be notified.

# HB 300 the details

- A covered entity shall provide notice to an individual for whom the covered entity creates or receives protected health information if the individual's protected health information is subject to electronic disclosure.
- Essentially you need to modify your HIPAA notification forms. E.g. we had to do this when we moved data to the cloud.

## HB 300 the details

- Violations of the above and other sections of HB 300 can be penalized with fines up to \$1.5 million dollars.

# HB 300 the details

- In addition to fines, a violation by an individual or facility that is licensed by a Texas agency (e.g. Texas LPC Board) is subject to investigation and disciplinary proceedings, including probation or suspension by the licensing agency. If there is evidence that the violations of this chapter constitute a pattern or practice, the agency may revoke the individual's or facility's license.

# Savage Chickens

by Doug Savage



# LOST INCENTIVE

- You're going to die!!
- Getting rid of electronic records when you die or retire.
- Have a plan.
- Talk with vendor about exit plans and cost.
- Basics to keep it simple (KISS) is that 7 years after last patient was seen purge the whole data base [note national standard is slowly converting to 10 years—maybe\*].

# RETENTION OF RECORDS

- **465.22. Psychological Records, Test Data and Test Protocols.**
- (d) Retention of Records and Test Data.
- (1) Licensees shall comply with all applicable laws, rules and regulations concerning record retention.

# RETENTION OF RECORDS

- (2) In the absence of applicable state and federal laws, rules and regulations, records and test data shall be maintained for a minimum of seven years after termination of services with the client or subject of evaluation, or three years after a client or subject of evaluation reaches the age of majority, whichever is greater.



# RETENTION OF RECORDS

- (3) All records shall be maintained in a manner which permits timely retrieval and production.

# RETENTION OF RECORDS

- Hire someone to manage
- Inform patients of limited time and access and thus close most cases

# SOCIAL JUSTICE AND I.T.?

- It's easy to follow this for all patients/clients regardless of background
- The e-mail access can be harder for some because of SES issues-be sensitive to that(but secure/direct e-mail keeps info from lingering on a public computer)
- Use of things like [moodtracker.com](http://moodtracker.com) to facilitate care
- Getting patient-directed info in charts can be easier and promotes recovery goals of patient

# SOCIAL JUSTICE AND I.T.?

- Recovery related info you can put into a patient's EHR at:
  - <https://www.patdeegan.com/>
  - <http://jhmccoy.wordpress.com/>
  - [http://vpsrgv.com/health\\_tips/](http://vpsrgv.com/health_tips/)
    - [last two search for recovery article—for sheet patient can download]

# Thank you for coming!!!!

Presentation can be downloaded at:

[jhmccoy.wordpress.com](http://jhmccoy.wordpress.com)

Pain Management and Relax CD at:

<http://www.cdbaby.com/cd/DrJosephMcCoy>

<http://www.cdbaby.com/cd/DrJosephMcCoy2>

Practice Website:

[www.Vpsrgv.com](http://www.Vpsrgv.com)