



Quarternote Counseling, LLC
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NOTICE AND ACKNOWLEDGEMENT OF RISKS INVOLVED
WITH ELECTRONIC COMMUNICATIONS

Per HIPAA (Health Insurance Portability and Accountability Act) guidelines, Quarternote Counseling has a duty to warn you of the possible risks associated with electronic communications between you and/or your authorized individuals/offices/entities (by way of a signed and valid Release of Information form) and staff members of Quarternote Counseling, LLC.

Some information transmitted in these electronic communications are considered ePHI (Electronic Protected Health Information) and therefore protected by HIPAA. Examples of this ePHI include your name, e-mail address, telephone phone number(s) as well as other information that may be transmitted within the electronic communication, such as your Date of Birth, address, Social Security Number, information pertaining to your treatment and/or diagnosis, etc. This information, when sent via open (unsecure/unencrypted) electronic communication, is at risk to be intercepted via malicious means, be inadvertently mis-directed and sent to an unintended and unauthorized third-party, or have information electronically “captured”.

Quarternote takes the following steps to protect your rights and privacy concerning electronic communications:

- Obtaining client permission (below) to send text messages to the phone number defined as the client’s primary number on the Client Registration form. When possible, all text message communication between Quarternote Counseling staff and clients will be via “OhMD”, a HIPAA-compliant, secure texting application. If clients do not have smart phone technology or are unable to download and use the OhMD app, clients are encouraged to avoid or minimally use open text messaging for communication. If used, clients are advised and encouraged to refrain from including ePHI within their messages.
- Obtaining client permission (below) to call the primary number regarding billing matters and, when applicable, to leave a voicemail message on the primary number regarding billing matters.
- Sending e-mail correspondence to you and/or your authorized individuals/offices/entities via encrypted e-mail, using our HIPAA-compliant and encrypted e-mail vendor Hushmail. Clients will be responsible for the creation and maintenance of their own passphrase (aka password) that will be required to open encrypted emails sent by Quarternote Counseling staff members via Hushmail.

Clients have a “right to decide” and may make the decision to communicate with staff members of Quarternote Counseling in the manner of their choosing, even if that communication method is deemed “open” and therefore unsecure. If this is the client’s preference, the client will be required to make this request in writing to Quarternote Counseling. Upon receipt of the written request, it will be assumed by Quarternote Counseling that the client is aware of, understands and accepts the risks involved with such open electronic communication as described above and is making the informed decision to take on said risks.

Clients have the right, at any time for the duration of their treatment with Quarternote Counseling, to change their permissions pertaining to open electronic communications if they so desire. Such changes in permissions should be made directly to the Quarternote Counseling Practice Manager and HIPAA Privacy Officer Rebecca Noonan.

Quarternote Counseling staff seeks your permission to communicate with you via electronic means as it relates to both scheduling and billing matters. Please answer each of the following questions to grant or deny permissions pertaining to how we may communicate with you.

May Quarternote call you on your primary number regarding scheduling matters? YES _____ NO _____

May Quarternote leave you a voicemail message on your primary number regarding scheduling matters? YES _____ NO _____

May Quarternote text you on your primary number regarding scheduling matters? YES _____ NO _____

May Quarternote call you on your primary number regarding billing matters? YES _____ NO _____

May Quarternote leave a voicemail message on your primary phone number regarding billing matters? YES _____ NO _____

Preferred email address: _____

By signing below, I confirm that I have read the information provided above. I am aware that I may make changes to the permissions or lack thereof defined above at any time by submitting those change requests in writing. I am aware that my request to make these changes should be mailed to the office using the address at the top of this notice.

Name of Client (print): _____

Client DOB: _____

(For minor clients only) Name of client's parent/legal guardian (print): _____

(For minor clients only) Relationship of parent/legal guardian to client: _____

Signature of Client/Parent/Legal Guardian: _____

Date: _____