QUARTERNOTE COUNSELING, LLC
9255 CENTER STREET, SUITE 200
MANASSAS, VIRGINIA 20110
(O) 703-479-2947 (F) 703-361-1540
WWW.QUARTERNOTECOUNSELING.COM

CLIENT REGISTRATION FORM

(* denotes a required field)

CLIENT INFORMATION

*CLIENT NAME: _____
Last **Middle** **First**

*HOME ADDRESS: _____

*CITY_____ *STATE_____ *ZIP CODE_____

* NAME CLIENT WOULD LIKE QUARTERNOTE STAFF TO USE:_____

*CLIENT DATE OF BIRTH: _____ CLIENT GENDER _____

IS THE "HOME" ADDRESS ABOVE THE SAME AS YOUR MAILING ADDRESS? ☐ YES ☐ NO **(IF YOU ANSWER "NO", PLEASE PROVIDE YOUR MAILING ADDRESS BELOW)**

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____WORK PHONE: _____CELL PHONE: _____

*Which phone number is your primary number ("Home", "Work", "Cell"? _____

Please note: Quarternote staff will use the phone number you define as "primary" for all phone/text communications.

*EMERGENCY CONTACT NAME: _____

*EMERGENCY CONTACT'S PHONE NUMBER: _____

*EMERGENCY CONTACT'S RELATIONSHIP TO CLIENT: _____

CLIENT'S EMPLOYER: _____

CLIENT'S OCCUPATION: _____

CLIENT'S MARITAL STATUS: _____

NAME OF CLIENT'S SPOUSE/PARTNER/SIGNIFICANT OTHER: _____

CLIENT'S PREFERRED LANGUAGE: _____

Please note: Quarternote uses a HIPAA-compliant translation and interpretation service, Jeenie, when able to communicate with clients in their preferred language. While not guaranteed, Quarternote will make every effort to accommodate clients' language needs.

INSURANCE INFORMATION (All fields are required if insurance is being used)

PRIMARY INSURANCE COMPANY NAME _____

MEMBER ID NUMBER AS IT APPEARS ON INSURANCE CARD _____

NAME OF POLICYHOLDER_____

POLICYHOLDER'S RELATIONSHIP TO CLIENT: _____ POLICYHOLDER'S DATE OF BIRTH: _____

DO YOU HAVE A SECONDARY INSURANCE POLICY? ☐ YES ☐ NO **(IF YOU ANSWER YES PLEASE COMPLETE THE NEXT SECTION)**

SECONDARY INSURANCE COMPANY NAME _____

MEMBER ID NUMBER AS IT APPEARS ON INSURANCE CARD _____

NAME OF POLICYHOLDER_____

POLICYHOLDER'S RELATIONSHIP TO CLIENT_____ POLICYHOLDER'S DATE OF BIRTH _____

*MEANINGFUL USE DATA

Because our practice accepts Medicaid, we are required to ask all clients the following questions. You may select "Prefer not to say" as your answer if you wish.

Do you consider yourself Hispanic/Latino? ☐ YES ☐ NO ☐ PREFER NOT TO SAY

Which category best describes your race? (Check all that apply. You may select "Decline to answer" as your response if you wish.)

☐White ☐Black or African American ☐American Indian/Alaskan Native ☐Asian ☐Middle Eastern

☐Native Hawaiian/Other Pacific Islander ☐Other ☐Decline to answer

By signing below, I confirm that the information I have provided on this form is, to the best of my knowledge, true and accurate as of today's date. In the event of a change in any information or permissions I have provided above, I agree to make the staff of Quarternote Counseling aware of those changes immediately so that my information may be updated within my official record.

*Name of Client (print): _____

(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: _____

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ELECTRONIC COMMUNICATIONS POLICIES AND PERMISSIONS FORM

Per HIPAA (Health Insurance Portability and Accountability Act) guidelines, Quarternote Counseling has a duty to both inform you of our policies pertaining to electronic communications and to warn you of the possible risks associated with electronic communications.

Some information transmitted in electronic communications is considered ePHI (Electronic Protected Health Information) and protected by HIPAA. Examples of commonly used ePHI include names, e-mail addresses and phone numbers. Other ePHI could include (but not be limited to) a Date of Birth, address, Social Security Number, information pertaining to the client's treatment and/or diagnosis, etc. This information, when sent via "open" (unsecure/unencrypted) electronic communication, is at risk of interception via malicious means, of being inadvertently mis-directed (resulting in information being sent to an unintended and unauthorized third-party) or having information electronically "captured" by unauthorized third parties.

Email:

All e-mail correspondence sent by Quarternote to you and those authorized to receive information (per a valid and signed Release of Information Authorization form) will be, by default, encrypted e-mail using our HIPAA-compliant e-mail vendor, Hushmail. Encrypted emails sent by Quarternote staff require the recipient to create their own passphrase (aka password) that will be used to open and view the emails. Clients also have the option of using their Gmail login credentials to log into and access these emails. Clients/recipients are responsible for the creation and maintenance of their own passphrases; Quarternote staff is unable reset passphrases.

When responses are sent to encrypted emails the response will, by default, be encrypted as well. Clients may also initiate encrypted email communications with members of the Quarternote staff from their Hushmail inbox. This option will become available after a client has received an encrypted email from a member of Quarternote staff. Only staff members who have sent an email to that client will be displayed as a possible recipient when the client is initiating encrypted email communication. Emails may be initiated by logging into Hushmail using your email address and your passphrase.

***NOTE**: In the event of a client resetting their passphrase, all emails within the client's inbox at that time will be deleted. Additionally, the Hushmail system will no longer retain from whom a client received an email. The client will need to ask the Quarternote staff member to send them a new email for the client's ability to initiate encrypted email communication to be restored.*

Encrypted email communication is highly encouraged to ensure a client's ePHI/PHI is being protected to the greatest extent possible.

Please indicate your preference in how you receive email correspondence from Quarternote Counseling by selecting one of the following:

☐ YES – I prefer Quarternote Counseling use encrypted email communications with me to protect my ePHI and personal information to the greatest extent possible. I am aware that I am fully responsible for the creation and maintenance of my passphrase used with Hushmail for the purpose of accessing, reading and composing emails between myself and Quarternote staff.

☐ NO – I prefer that Quarternote Counseling use open, unencrypted email communications with me. I am fully aware of the risks involved with such open electronic communications, including my ePHI being at risk of interception and misuse by an unintended third party, and by making this choice I am knowingly accepting this risk.

NOTE: *Clients may change their decision at any time via written request that is provided to a member of Quarternote's administrative staff either in person or via mail using the address at the top of this form.*

Open Text Messages:
Clients are strongly encouraged to avoid or, if necessary, minimally use open text messaging for communication due to the lack of encryption and security. If a client chooses to send a text message to a member of Quarternote's staff, the client is asked to refrain from including ePHI within their message(s). Examples of ePHI include the client's name, Date of Birth, appointment dates and times or other identifying information. Quarternote staff members will reply to open text messages received from clients as necessary and appropriate but will not engage in lengthy communications via text message. Any topics needing to be discussed in-depth with our office should be addressed via phone call to the client's assigned therapist per the contact parameters outlined in their Informed Consent form or via phone to the front office receptionist. ***NOTE:*** *Billing and financial matters are discussed with the administrative staff of Quarternote only and do not involve therapists.*

Automated Text Messages and Emails:
Quarternote Counseling uses a service provided by our Electronic Healthcare Record (EHR) vendor, Therapy Notes, to send appointment reminders to clients via text message and/or email. These reminders are automated and will be sent to the client's cell phone number and/or email address on file with our practice by Therapy Notes 24-48 hours prior to a scheduled appointment. These text messages and emails do NOT accept replies and are for informational purposes only. Receipt of these automated text messages and/or email appointment reminders is optional.

Phone Calls:
All Quarternote clients are asked to establish a "code word" with our practice prior to receiving services. The purpose of the code word is to confirm the identity of the individual as the client to ensure privacy is not compromised and Quarternote staff is authorized to speak to and exchange information with the individual in question. The code word may be requested by Quarternote staff at the beginning of a phone call to confirm the client's (or the client's parent/legal guardian's) identity. Clients may also ask individuals calling on behalf of Quarternote to confirm their code word prior to engaging in conversation to ensure the caller is a member of our staff. During phone calls between clients and Quarternote staff members full names and other identifying information should be avoided whenever possible to protect confidentiality and client PHI.

Patient Portal:
Quarternote Counseling uses the "patient portal" provided by Therapy Notes as an electronic means of providing telehealth services, sharing paperwork in need of completion, informational notices and to allow clients to make payments on their accounts. The portal also offers secure messaging, which allows clients and Quarternote staff to exchange messages via the portal. These messages may be used in addition to or instead of email communications. Clients will have received an email containing a link to the portal prior to their first appointment with our office**. Clients being seen exclusively via telehealth are required to create and use a portal account;** however, all clients are strongly

encouraged to use the portal as it provides a secure means for Quarternote staff to send and receive paperwork and information that may include the client's ePHI. Clients who choose to use the portal assume the responsibility of ensuring the security of their own ePHI on the device(s) used to download and complete forms received from our office. ***NOTE**: Clients will create their portal account and password. If, at any time, a client forgets their password and/or believes their email account and/or portal account has been compromised, Quarternote staff is able to either provide a password rest link and/or disable access to the portal account associated with the email address believed to have been compromised.*

While Quarternote Counseling strongly encourages clients to communicate via secure means, clients have a "right to decide" and may decide to communicate with Quarternote staff in the manner of their choosing, even if that communication method is deemed "open" and therefore unsecure. Quarternote cannot, under any circumstances, guarantee the security of information sent and/or received via unsecure electronic means and is not responsible or at fault for any ePHI intercepted by unauthorized third parties when transmitted in an unsecure manner.

Quarternote Counseling seeks your permission to communicate with you via electronic means as it relates to scheduling and billing matters. Please answer each of the following questions to grant or deny permissions pertaining to how we may communicate with you. These permissions may be changed at any time via written request submitted to an administrative staff member.

SCHEDULING:

1) May Quarternote staff call you on your primary phone number (as defined on the Client Registration Form) regarding scheduling matters? ☐ YES / ☐ NO

***NOTE:** If a client leaves a voicemail message regarding a scheduling matter and requests a return call, it will be assumed that the Quarternote staff member in receipt of the message has permission from the client to return their call per that request, regardless of the answer provided here.*

2) May Quarternote staff leave a voicemail message on your primary phone number regarding scheduling matters? ☐ YES / ☐ NO

3) May Quarternote staff, when necessary and appropriate, text you on your primary phone number regarding scheduling matters? ☐ YES / ☐ NO

***NOTE:** If a client initiates open text message communication regarding a scheduling matter it will be assumed that the Quarternote staff member in receipt of the message has permission from the client to respond via open text message regardless of the answer provided here.*

4) May Quarternote staff, when necessary and appropriate, email you using the email address on file regarding scheduling matters? ☐ YES / ☐ NO

***NOTE:** Emails sent by Quarternote staff concerning scheduling matters will be sent with or without encryption based on the answer provided concerning email communications on page 2 of this form.*

5) Do you wish to receive automated text message appointment reminders? ☐ YES / ☐ NO

***NOTE:** These text messages are automatically generated by our EHR vendor Therapy Notes and NOT sent directly from a*

Quarternote staff member. You may opt in or out of receiving these text messages at any time by informing an administrative staff member.

6) Do you wish to receive automated email appointment reminders? ☐ YES / ☐ NO
NOTE: *These emails are automatically generated by our EHR vendor Therapy Notes and NOT sent directly from a Quarternote staff member. You may opt in or out of receiving these emails at any time by informing an administrative staff member.*

BILLING:

7) May Quarternote staff call you on your primary phone number regarding billing and financial matters? ☐ YES / ☐ NO
NOTE: *if the answer provided here is "NO" please provide the phone number our office should use for billing and financial-related matters. Please note that the phone number must be owned by you.* _____

8) May Quarternote staff leave a voicemail message on your primary phone number (or, if applicable, the phone number provided in item 7 above) regarding billing and financial matters? ☐ YES / ☐ NO
NOTE: *If a client leaves a message regarding a billing or financial matter requesting a return call, it will be assumed that the Quarternote staff member in receipt of the message has permission from the client to return their call per that request, regardless of the answer provided here.*

9) May Quarternote staff text you on your primary phone number regarding billing and financial matters?☐ YES / ☐ NO
NOTE: *If a client initiates open text message communication regarding a billing or financial matter it will be assumed that the Quarternote staff member in receipt of the message has permission from the client to respond via open text message regardless of the answer provided here.*

10) May Quarternote staff, when necessary and appropriate, email you using the email address on file regarding billing and financial matters? ☐ YES / ☐ NO
NOTE: *Emails sent by Quarternote staff concerning billing and financial matters will be sent with or without encryption based on the answer provided concerning email communications on page 2 of this form.*

EMAIL:

Please provide the email address you would like Quarternote to keep on file for the purpose of patient portal use and email communications. _____
As a reminder, clients have access to secure messaging via their portal account which may be used in addition to or instead of email.
NOTE: *The email address provided should be accessible only by the client (or minor client's parent/legal guardian) to ensure confidentiality.*

By signing below, I confirm that I have read and understand the policies and information provided above. I am aware of the risks involved with any electronic communications and that Quarternote Counseling is not responsible for any malicious interception and/or use of ePHI that results in open electronic communications with any member of the Quarternote staff. I understand that I may make changes to the permissions granted and/or denied above at any time by

submitting a request in writing to a Quarternote administrative staff member either in person or via mail using the address provided at the top of this form.

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: _____

☐ I have received a copy of this document (please initial) _____

☐ I was offered a copy of this document and declined. I understand that I may request a copy at any time in the future (please initial) _____