

CLIENT'S EMPLOYER NAME _____

CLIENT'S OCCUPATION _____

CLIENT'S MARITAL STATUS _____

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

CLIENT'S PREFERRED LANGUAGE: _____

INSURANCE INFORMATION (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 _____

(IF APPLICABLE)

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 ___ American Indian/Alaska Native ___ Asian ___ Black or African American
- ___ Native Hawaiian/Other Pacific Islander ___ Middle Eastern ___ 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 said 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 therefore protected by HIPAA. Examples of commonly used ePHI include your name, e-mail address, telephone number(s). Other ePHI could include (but not be limited to) 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 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.

Quarternote employs the following policies to protect your rights and privacy concerning electronic communications:

Email:

All e-mail correspondence sent to you and/or your authorized individuals/offices/entities (when a signed and valid release of information form is on file permitting us to do so) will be in the form of an encrypted e-mail using our HIPAA-compliant encrypted e-mail vendor, Hushmail, unless otherwise requested by you (per the “opt out” option provided below). Encrypted emails sent by Quarternote staff require the recipient to create their own passphrase (aka password) that will be required to open and view the email(s). Clients also have the option of using their Gmail login credentials to log into and access emails sent via Hushmail. Clients/recipients are responsible for the creation and maintenance of their own passphrases; Quarternote staff does not have the ability to reset these passphrases. Any email sent as a direct reply to these encrypted emails originating from our practice will, by default, be encrypted as well. Clients may also initiate encrypted email communications with members of the Quarternote staff if desired. This option will become available after a client has received an encrypted email from a member of Quarternote staff. Only that/those staff members will be displayed as potential email recipients to whom the client may send an email. 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 in order 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 either their assigned therapist or the Practice Manager (mailed to the attention of the Practice Manager at the address above).

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, however, a client decides 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). 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 will not be discussed via text message.

Automated Text Messages:

Quarternote Counseling has opted to use a service provided by our Electronic Healthcare Record (EHR) vendor, Therapy Notes, to send appointment reminders to clients via text message. These text messages are automated and will be sent to the client’s cell phone number on file with our practice by Therapy Notes 24-48 hours prior to a scheduled appointment. These text messages do NOT accept replies and are for informational purposes only. Receipt of these automated text message 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 the individual is authorized to speak to and exchange information with our practice. 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 identifying information should be avoided whenever possible to protect confidentiality and client PHI.

Patient Portal:

Quarternote Counseling uses the “patient portal” provided as part of our EHR, Therapy Notes, as an electronic means of sharing paperwork and notices with clients. Some paperwork may require electronic completion and signature from the client; other paperwork may be for information purposes only. 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. Clients will be sent a “Welcome Email” to the email address on file with Quarternote for portal registration. While clients are not required to use the portal, they are strongly encouraged to do so, as the portal provides a secure means for Quarternote to both send and receive forms that may contain clients’ ePHI. The portal also allows clients to pay an outstanding balance on their account and to opt-out of the automated text message appointment reminders addressed above. **NOTE:** Clients will create their own portal password at the time of portal registration. If, at any time, a client forgets their password and/or believes their email account and/or portal account has been compromised, Quarternote staff does have the ability to either provide a password reset 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 make the decision to communicate with Quarternote staff in the manner of their choosing, even if that communication method is deemed “open” and therefore unsecure. Quarternote cannot, in any situation, guarantee the security of any information sent 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 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.

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 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 the client’s call per request, regardless of the answer provided here.*

2) May Quarternote staff leave you 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) 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 opt out of receiving these text messages at any time by informing your assigned therapist or the front desk receptionist.*

Billing

5) 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. _____*

6) May Quarternote leave a voicemail message on your primary phone number (or, if applicable, the phone number provided in item 5 above) regarding billing and financial matters? YES / NO

NOTE: *If a client leaves a voicemail 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 the client’s call per request, regardless of the answer provided here.*

Emails and Portal

Please provide the email address you would like Quarternote to keep on file for the purpose of patient portal registration and access and email communications. **NOTE:** *The email address provided should be accessible only by the client 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 my 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 either my assigned therapist or to the Practice Manager via USPS at the address above.

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) _____