

CLIENT INFORMATION

First Name _____ Middle _____ Last _____

Address _____ City _____

State: _____ Zip Code: _____ Date of Birth: ____/____/____

Preferred Language: _____ SSN: _____

Emergency Contact: _____ Phone: _____

Primary Care Provider: _____ Phone: _____

Employer/School: _____

How did you hear about us?

FINANCIAL INFORMATION (PERSON RESPONSIBLE FOR PAYMENT)

Fill out this section only if it is different from the Client information section

First Name _____ Middle _____ Last _____

Address _____ City _____

State: _____ Zip Code: _____ Date of Birth: ____/____/____

Phone Number: _____

Can we leave messages? _____

Email address: _____

Could we send emails to the address above? _____

INSURANCE CLIENTS:

Insurance Carrier: _____ Group #: _____

Subscriber Name: _____ ID #: _____

EAP? _____

The number of Covered Sessions: _____

SELF-PAY CLIENTS

I, _____ am fully responsible for each payment at the time of the visit. Payments will be made before my session begins with my therapist.

I agree to the payment amount of _____ for continuing mental health counseling services for the time period of _____ with review on _____

With the authorization of _____ Date: _____

Client Consent: _____ Date: _____

No Show, Missed Appointment Policy

When our office books your appointment, we are setting aside a dedicated time slot just for you. We only ask that if you must reschedule your appointment, you please provide us with at least 24 hours notice. This courtesy makes it possible to give your reserved time slot to another patient.

There is a charge of \$110.00 per hour for not showing up for scheduled appointments or not canceling with a 24-hour notice.

**Repeated cancellations or missed appointments will result in the loss of future appointment privileges.*

Every patient in our practice receives this unique reservation. When your appointment is made, a time is reserved, your materials are ordered, and we make special arrangements to be ready for your visit. Except for emergency treatment for another patient, you can expect us to be prompt. We, of course, would appreciate the same courtesy from you.

Credit card appointment reservation form

Please take notice. The card that is provided below will be charged on the day of your scheduled appointment only if your appointment is not canceled within the requested 24-hour notice period.

Credit Card #

Card Type

Expiration Date

**CC Security Code (3
digits)**

**Amex Sec Code
(4 digits)**

Patient Name

Patient Signature

Date

HIPAA Authorization Form

I, _____ hereby authorize the use or disclosure of my protected health information as described below:

AUTHORIZED PERSONS TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Riffey Assessments and Counseling PLLC is authorized to disclose the following protected health information to my Patient's Insurance Carrier, Patient Insurance Carrier _____,

DESCRIPTION OF INFORMATION TO BE DISCLOSED

The health information that may be disclosed is:

All treatment records

Only health information from _____ to _____ may be shared.

PURPOSE OF THE USE OR DISCLOSURE

The purpose of this use or disclosure is For Billing Purposes.

VALIDITY OF AUTHORIZATION FORM

This Authorization Form is valid beginning on _____ and expires on _____

ACKNOWLEDGMENT

I understand that the information used or disclosed under this Authorization Form may be subject to re- disclosure by the person(s) or facility receiving it and would then no longer be protected by federal privacy regulations.

I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

I have the right to refuse to sign this Authorization Form. If signed, I have the right to revoke this authorization, in writing, at any time. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

Client Signature _____ Date: _____

Please take your time in providing the following information. The questions are designed to help us begin to understand you so that our time together can be as productive as possible. All information provided is confidential.

Referred by:

____Insurance Provider ____Website ____Friend/Family ____Self ____Other: _____

Have you previously received any type of mental health services? _____Yes _____
 No

If yes what kind of treatment: _____

Location: _____ Dates of treatment: _____

Reason for treatment: _____

Briefly, what brings you in today When did your problem first start? _____

In the section below identify if there is a family history of any of the following:

Family History	Check Yes or No	Family Member
Abuse/Dependence on Alcohol	___Yes ___No	
Mental Health Diagnosis	___Yes ___No	
Trauma	___Yes ___No	
Physical Abuse	___Yes ___No	
Emotional Abuse	___Yes ___No	
Sexual Abuse	___Yes ___No	

Physical Health: *Please list any medications, herbs, or supplements. Be sure to include the condition, as some medications are prescribed for off-label use. Continue on the back if needed, or provide a separate list. If you have a complicated medical profile, please supply supporting documentation to be able to facilitate a comprehensive understanding of your health:*

Please describe your current use of alcohol, cigarettes, and/or recreational drugs: Please describe your previous use of alcohol, cigarettes, and/or recreational drugs:

Do you drink Alcohol?	Yes _____	No _____	If yes, how many alcoholic beverages do you consume in a week?
Do you smoke Cigarettes?	Yes _____	No _____	If yes, how many cigarettes do you smoke a day?
Do you use recreational drugs?	Yes _____	No _____	If yes, how often do you use recreational drugs?

What do you enjoy doing in your free time? What do you do to relax? _____

What are 3 things that are awesome about you? _____

What are some of your goals for therapy? _____

Release of Liability

Read carefully - this affects your Legal Rights

In exchange for participation in the activity of Mental Health Therapy and/or Addictions Counseling

organized by Riffey Assessments and Counseling PLLC, of Greensboro, North Carolina, 27408 and/or use of the property, facilities and services of Riffey Assessments and Counseling PLLC, I, _____ of _____, agree for myself and (if applicable) for the members of my family, to the following:

1. AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Riffey Assessments and Counseling PLLC, or the employees, representatives or agents of Riffey Assessments and Counseling PLLC.

2. ASSUMPTION OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above-described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Riffey Assessments and Counseling PLLC for injury, loss, or damage arising out of my or my family's use of or presence upon the facilities of Riffey Assessments and Counseling PLLC, whether caused by the fault of myself, my family, Riffey Assessments and Counseling PLLC or other third parties.

3. INDEMNIFICATION. I agree to indemnify and defend Riffey Assessments and Counseling PLLC against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Riffey Assessments and Counseling PLLC.

4. FEES. I agree to pay for all damages to the facilities of Riffey Assessments and Counseling PLLC caused by any negligent, reckless, or willful actions by me or my family.

5. APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under North Carolina law.

6. NO DURESS. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Riffey Assessments and Counseling PLLC has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

7. ARM'S LENGTH AGREEMENT. This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event, any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

8. ENFORCEABILITY. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of such provision, as the case may be, and the such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

9. EMERGENCY CONTACT.

In case of an emergency, please call _____ (Relationship: _____)
) **at** (Daytime number) _____, or (Evening number) _____

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Client Signature: _____ Date: _____

PRIVACY POLICY

Protecting your private information is our priority. This Statement of Privacy applies to www.riffeypllc.com, and Riffey Assessments and Counseling PLLC and governs data collection and usage. For the purposes of this Privacy Policy, unless otherwise noted, all references to Riffey Assessments and Counseling PLLC include www.riffeypllc.com and Riffey PLLC. The Riffey PLLC website is a Commercial Website site. By using the Riffey PLLC website, you consent to the data practices described in this statement.

COLLECTION OF YOUR PERSONAL INFORMATION

In order to better provide you with products and services offered, Riffey PLLC may collect personally identifiable information, such as your:

- First and Last Name
 - Mailing Address
 - E-mail Address
 - Phone Number
 - Employer
 - Job Title
- To provide evidence-based therapeutic services and counseling. Your right to privacy is respected and protected.

If you purchase Riffey PLLC's products and services, we collect billing and credit card information. This information is used to complete the purchase transaction.

Riffey PLLC may also collect anonymous demographic information, which is not unique to you, such as your:

- Age
- Gender

We do not collect any personal information about you unless you voluntarily provide it to us. However, you may be required to provide certain personal information to us when you elect to use certain products or services.

These may include: (a) registering for an account; (b) entering a sweepstake or contest sponsored by us or one of our partners; (c) signing up for special offers from selected third parties; (d) sending us an email message; (e) submitting your credit card or other payment information when ordering and purchasing products and services. To wit, we will use your information for, but not limited to, communicating with you in relation to services and/or products you have requested from us. We also may gather additional personal or non-personal information in the future.

USE OF YOUR PERSONAL INFORMATION

Riffey PLLC collects and uses your personal information to operate and deliver the services you have requested.

Riffey PLLC may also use your personally identifiable information to inform you of other products or services available from Riffey PLLC and its affiliates.

SHARING INFORMATION WITH THIRD PARTIES

Riffey PLLC does not sell, rent or lease its customer lists to third parties.

Riffey PLLC may, from time to time, contact you on behalf of external business partners about a particular offering that may be of interest to you. In those cases, your unique personally identifiable information (e-mail, name, address, telephone number) is not transferred to the third party. Riffey PLLC may share data with trusted partners to help perform statistical analysis, send you email or postal mail, provide customer support, or arrange for deliveries. All such third parties are prohibited from using your personal information except to provide these services to Riffey PLLC, and they are required to maintain the confidentiality of your information.

Riffey PLLC may disclose your personal information, without notice, if required to do so by law or in the good faith belief that such action is necessary to: (a) conform to the edicts of the law or comply with legal process served on Riffey PLLC or the site; (b) protect and defend the rights or property of Riffey PLLC; and/or (c) act under exigent circumstances to protect the personal safety of users of Riffey PLLC, or the public.

AUTOMATICALLY COLLECTED INFORMATION

Information about your computer hardware and software may be automatically collected by Riffey PLLC. This information can include: your IP address, browser type, domain names, access times and referring website addresses. This information is used for the operation of the service, to maintain quality of the service, and to provide general statistics regarding use of the Riffey PLLC website.

LINKS

This website contains links to other sites. Please be aware that we are not responsible for the content or privacy practices of such other sites. We encourage our users to be aware when they leave our site and to read the privacy statements of any other site that collects personally identifiable information.

SECURITY OF YOUR PERSONAL INFORMATION

Riffey PLLC secures your personal information from unauthorized access, use, or disclosure. Riffey PLLC uses the following methods for this purpose:

- SSL Protocol

When personal information (such as a credit card number) is transmitted to other websites, it is protected through the use of encryption, such as the Secure Sockets Layer (SSL) protocol.

We strive to take appropriate security measures to protect against unauthorized access to or alteration of your personal information. Unfortunately, no data transmission over the Internet or any wireless network can be guaranteed to be 100% secure. As a result, while we strive to protect your personal information, you acknowledge that: (a) there are security and privacy limitations inherent to the Internet which are beyond our control; and (b) security, integrity, and privacy of any and all information and data exchanged between you and us through this Site cannot be guaranteed.

RIGHT TO DELETION

Subject to certain exceptions set out below, on receipt of a verifiable request from you, we will:

- Delete your personal information from our records; and
- Direct any service providers to delete your personal information from their records.

Please note that we may not be able to comply with requests to delete your personal information if it is necessary to:

- Complete the transaction for which the personal information was collected, fulfill the terms of a written warranty or product recall conducted in accordance with federal law, provide a good or service requested by you, or reasonably anticipated within the context of our ongoing business relationship with you, or otherwise perform a contract between you and us;
- Detect security incidents, protect against malicious, deceptive, fraudulent, or illegal activity; or prosecute those responsible for that activity;
- Debug to identify and repair errors that impair existing intended functionality;
- Exercise free speech, ensure the right of another consumer to exercise his or her right of free speech, or exercise another right provided for by law;
- Comply with the California Electronic Communications Privacy Act;

- Engage in public or peer-reviewed scientific, historical, or statistical research in the public interest that adheres to all other applicable ethics and privacy laws, when our deletion of the information is likely to render impossible or seriously impair the achievement of such research, provided we have obtained your informed consent;
- Enable solely internal uses that are reasonably aligned with your expectations based on your relationship with us;
- Comply with an existing legal obligation; or
- Otherwise use your personal information, internally, in a lawful manner that is compatible with the context in which you provided the information.

CHILDREN UNDER THIRTEEN

Riffey PLLC does not knowingly collect personally identifiable information from children under the age of thirteen. If you are under the age of thirteen, you must ask your parent or guardian for permission to use this website.

DISCONNECTING YOUR RIFFEY PLLC ACCOUNT FROM THIRD PARTY WEBSITES

You will be able to connect your Riffey PLLC account to third party accounts. BY CONNECTING YOUR RIFFEY PLLC ACCOUNT TO YOUR THIRD PARTY ACCOUNT, YOU ACKNOWLEDGE AND AGREE THAT YOU ARE CONSENTING TO THE CONTINUOUS RELEASE OF INFORMATION ABOUT YOU TO OTHERS (IN ACCORDANCE WITH YOUR PRIVACY SETTINGS ON THOSE THIRD PARTY SITES). IF YOU DO NOT WANT INFORMATION ABOUT YOU, INCLUDING PERSONALLY IDENTIFYING INFORMATION, TO BE SHARED IN THIS MANNER, DO NOT USE THIS FEATURE. You may disconnect your account from a third party account at any time. Users may learn how to disconnect their accounts from third-party websites by visiting their "My Account" page. Users may also contact us via email or telephone.

E-MAIL COMMUNICATIONS

From time to time, Riffey PLLC may contact you via email for the purpose of providing announcements, promotional offers, alerts, confirmations, surveys, and/or other general communication. In order to improve our Services, we may receive a notification when you open an email from Riffey PLLC or click on a link therein.

If you would like to stop receiving marketing or promotional communications via email from Riffey PLLC, you may opt out of such communications. Please feel free to give us a call and we will remove you from our email list at any time! Thank you!.

CHANGES TO THIS STATEMENT

Riffey PLLC reserves the right to change this Privacy Policy from time to time. We will notify you about significant changes in the way we treat personal information by sending a notice to the primary email address specified in your account, by placing a prominent notice on our website, and/or by updating any privacy information. Your continued use of the website and/or Services available after such modifications will constitute your: (a) acknowledgment of the modified Privacy Policy; and (b) agreement to abide and be bound by that Policy.

CONTACT INFORMATION

Riffey PLLC welcomes your questions or comments regarding this Statement of Privacy. If you believe that Riffey PLLC has not adhered to this Statement, please contact Riffey PLLC at:

Riffey Assessments and Counseling PLLC, Greensboro, North Carolina 27408

Email Address: riffeypllc@gmail.com Telephone number: 336-814-2680

Effective as of January 01, 2022.

Please print/sign below attesting to your having read, understood, and agree to the terms listed above.

Print Full Name: _____

Signature: _____

Date: _____