



NEW CLIENT INFORMATION

DATE: _____ REFERRED BY: _____

FIRST NAME: _____ MI: _____ LAST NAME: _____

AGE: _____ DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ EMAIL: _____

CELL #: _____ HOME #: _____

EMPLOYER: _____ WORK #: _____

RACE / ETHNICITY: _____

GENDER (circle): Female Male Transgender Gender Fluid

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT RELATIONSHIP TO YOU: _____ PHONE #: _____

PRIMARY CARE PHYSICIAN: _____ PHONE #: _____

PRIMARY CARE PHYSICIAN ADDRESS: _____

PRIMARY INSURANCE: _____ ID #: _____ GROUP #: _____

SUBSCRIBER'S NAME: _____ DOB: _____ SOC SEC #: _____

SECONDARY INSURANCE: _____ ID #: _____ GROUP #: _____

SUBSCRIBER'S NAME: _____ DOB: _____ SOC SEC #: _____

MARITAL STATUS (circle): Single Partnered Married Divorced Widowed

NUMBER OF MARRIAGES: _____ NUMBER OF CHILDREN: _____ AGES OF MINOR CHILDREN: _____

SEXUAL ORIENTATION (circle): Heterosexual Bi-sexual Lesbian Gay Queer Questioning Asexual

FIRST NAME: _____ MI: _____ LAST NAME: _____

HIGHEST LEVEL OF EDUCATION (circle):

HS DIPLOMA GED SOME COLLEGE ASSOCIATES DEGREE BACHELORS GRADUATE DEGREE

OTHER: _____

RELIGION AND SPIRITUALITY:

- NONE
- SPIRITUAL, BUT NOT RELIGIOUS
- PROTESTANT CATHOLIC JEWISH MUSLIM BUDDHIST HINDU (please circle, if appropriate)
- OTHER: _____

PLEASE CIRCLE TO INDICATE THE IMPORTANCE OF RELIGION / SPIRITUALITY IN YOUR LIFE:

NONE SOME IMPORTANCE MODERATE IMPORTANCE VERY IMPORTANT

PLEASE CHECK ALL THAT APPLY:

- | | |
|--|---|
| <input type="checkbox"/> LOW ENERGY LEVEL | <input type="checkbox"/> LOSS OF INTEREST IN HOBBIES / ACTIVITIES |
| <input type="checkbox"/> LOW SELF-ESTEEM | <input type="checkbox"/> DISCOMFORT IN SOCIAL SETTINGS |
| <input type="checkbox"/> SLEEPING TOO MUCH | <input type="checkbox"/> TROUBLE FALLING / STAYING ASLEEP |
| <input type="checkbox"/> SADNESS / DEPRESSION | <input type="checkbox"/> POOR CONCENTRATION OR MEMORY |
| <input type="checkbox"/> RECENT WEIGHT GAIN OR LOSS | <input type="checkbox"/> IRRITABILITY / ANGER PROBLEMS |
| <input type="checkbox"/> PREOCCUPATION WITH BODY IMAGE | <input type="checkbox"/> REPEATED, INTRUSIVE OR UNWANTED THOUGHTS |
| <input type="checkbox"/> WITHHOLDING FOOD / BINGE EATING | <input type="checkbox"/> FREQUENT NIGHTMARES |
| <input type="checkbox"/> PURGING / INDUCING VOMITING | <input type="checkbox"/> EXCESSIVE WORRY / ANXIETY |
| <input type="checkbox"/> RECENT LOSS OF LOVED ONE | <input type="checkbox"/> THOUGHTS ABOUT SUICIDE |
| <input type="checkbox"/> STRUGGLES WITH SEXUALITY (LGBTQ ISSUES) | <input type="checkbox"/> THOUGHTS OF HARMING OTHERS |
| <input type="checkbox"/> STRUGGLES WITH GENDER IDENTITY | <input type="checkbox"/> POUNDING HEART |
| <input type="checkbox"/> ABUSIVE TOWARD OTHERS, MANIPULATIVE | <input type="checkbox"/> SHORTNESS OF BREATH |
| <input type="checkbox"/> COMPULSIVE SPENDING / GAMBLING | <input type="checkbox"/> ADULT INTERPERSONAL TRAUMA (PHYSICAL / SEXUAL / EMOTIONAL) |
| <input type="checkbox"/> RISK-TAKING BEHAVIORS (RISKY DRIVING, SEX, DRUGS, ETC.) | <input type="checkbox"/> CHILDHOOD NEGLECT OR ABUSE (PHYSICAL / SEXUAL / EMOTIONAL) |
| <input type="checkbox"/> REPETITIVE BEHAVIORS (HAND WASHING, COUNTING, ETC.) | <input type="checkbox"/> WORKPLACE TRAUMA (COMBAT, POLICE, FIRE, ACCIDENT, ETC.) |
| <input type="checkbox"/> SELF-HARMING BEHAVIORS (CUTTING, PICKING, ETC.) | <input type="checkbox"/> OTHER: _____ |

SUBSTANCE USE:

IN AN AVERAGE WEEK...

- HOW MANY DAYS A WEEK DO YOU CONSUME ALCOHOL? _____
- HOW MANY DRINKS DO YOU CONSUME IN A GIVEN DAY? _____
- TYPICAL DRINK (BEER, WINE, MIXED, STRAIGHT, ETC)? _____
- HOW MANY DAYS A WEEK DO YOU USE ILLEGAL DRUGS? _____
 - TYPE(S) OF ILLEGAL DRUG(S): _____
- DO YOU TAKE PRESCRIPTION DRUGS OTHER THAN AS PRESCRIBED? Y N

FIRST NAME: _____ MI: _____ LAST NAME: _____

HAVE YOU EVER BEEN HOSPITALIZED FOR THE FOLLOWING REASONS?

- SUICIDAL THOUGHTS, PLEASE PROVIDE DATES: _____
- HOMICIDAL THOUGHTS, PLEASE PROVIDE DATES: _____
- SUBSTANCE ABUSE, PLEASE PROVIDE DATES: _____
- IMPULSIVE BEHAVIORS (RECKLESS DRIVING, SELF-HARM BEHAVIORS, FIGHTING, MANIA)

- VIOLENCE TOWARD OTHERS, PLEASE PROVIDE DATES: _____
- OTHER BEHAVIORAL HEALTH REASONS: _____

ARE ANY OF THESE AREAS OF LIFE STRESSFUL FOR YOU?

- Marriage / Relationship Legal Employment School / Education
- Physical Health Finances Spirituality Family
- Parenting Sex Other: _____

CURRENT MEDICATIONS AND DOSAGES (INCLUDE OVER THE COUNTER MEDICATIONS TAKEN ROUTINELY):

MEDICAL CONDITIONS, PLEASE CHECK ALL THAT APPLY:

- ASTHMA/SEASONAL ALLERGIES/LUNG CONDITION, PLEASE DESCRIBE: _____
- ARTHRITIS
- BARIATRIC SURGERY
- CANCER
- CHRONIC PAIN, PLEASE DESCRIBE: _____
- DIABETES
- DIGESTIVE SYSTEM PROBLEMS, PLEASE DESCRIBE: _____
- FOOD ALLERGIES/SENSITIVITIES/AVERSIONS, PLEASE DESCRIBE: _____
- HIGH OR LOW BLOOD PRESSURE
- HIGH LDL CHOLESTEROL
- HIV/AIDS
- MENOPAUSE
- MIGRAINE HEADACHES
- TACHYCARDIA OR OTHER HEART RATE IRREGULARITIES
- THYROID PROBLEMS
- TRAUMATIC BRAIN INURY, PLEASE DESCRIBE: _____
- OTHER: _____

MEDICAL STATS: HEIGHT: _____ CURRENT WEIGHT: _____

HIGHEST WEIGHT IN PAST 36 MOS: _____ LOWEST WEIGHT IN PAST 36 MOS: _____

IF FEMALE, DATE OF LAST PERIOD: _____ CURRENTLY PREGNANT? Y N UNSURE

FIRST NAME: _____ MI: _____ LAST NAME: _____

HAVE YOU BEEN HOSPITALIZED FOR MEDICAL REASONS IN THE LAST 5 YEARS? Y N

IF YES, PLEASE DESCRIBE: _____

PREFERRED METHOD OF CONTACT:

- Phone (voice calls, not text) - Best number to reach me: _____
- Email
- Postal mail to home address

Contact for Appointment Reminders

As a courtesy, RiverStone Wellness Center routinely sends appointment reminders to clients via email. Please let us know your preference:

- I wish to receive automatic email appointment reminders
- I do not wish to receive automatic email appointment reminders

RELEASE OF INFORMATION

Do you wish to release your RiverStone Wellness Center mental health treatment information to a third party, such as a relative, friend, or agency?

- YES: **Please request a formal *Release of Information* form at your first appointment.**
- NO

By my signature below, I attest that the information provided by me in this document is true and correct, to the best of my knowledge.

Client Signature

Date

Printed Client Name

RiverStone Wellness Center, PLLC

FINANCIAL AGREEMENT POLICY

Thank you for choosing RiverStone Wellness Center for your behavioral health care. The following is our center's statement of financial policy. It is required that all clients read and sign this agreement prior to any treatment.

PAYMENT OF DEDUCTIBLES, CO-PAYMENTS AND FOR ANY NON-COVERED SERVICES ARE DUE AT THE TIME OF SERVICE. NON-INSURED CLIENTS ARE EXPECTED TO PAY IN FULL AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, DEBIT, VISA, MASTERCARD, and DISCOVER. A \$35 FEE WILL BE CHARGED FOR ANY RETURNED CHECK. EVENING AND WEEKEND (FRI-SUN) CLIENTS WILL BE REQUIRED TO HAVE A DEBIT OR CREDIT CARD ON FILE FOR BILLING PURPOSES. SERVICE FEES FOR WEEKEND APPOINTMENTS WILL BE PROCESSED ON THE NEXT BUSINESS DAY.

INSURANCE

If your RiverStone Wellness Center provider is in-network with your healthcare company, we will handle your claims according to our agreement with your particular health insurance carrier. You are responsible for paying all co-payments, deductibles, and for any non-covered services on the day of your visit. In the event that we accept assignment of benefits, you are still ultimately responsible for all charges. We do not become involved in disputes with insurance companies. If your insurance plan has not paid within a reasonable time frame, you will be responsible for payment. Our practice is committed to providing the best treatment for our clients and we charge what is usual and customary in our area. You are responsible for your portion of the payment regardless of any insurance company's determination of usual and customary rates. Our standard fees are as follow:

<u>PSYCHOTHERAPY</u>	<u>SW/LPC</u>	<u>PHD</u>	<u>PSYCHOLOGICAL EVALUATIONS</u>	<u>REGISTERED DIETITIAN SERVICES</u>
New client intake evaluation	\$225	\$250	Diagnostic Interview	\$250
New family intake evaluation	\$250	\$275	Psychological Testing	\$200/hour
30-min psychotherapy	\$ 80	\$110		
45-min psychotherapy	\$110	\$145		
60-min psychotherapy	\$155	\$210		
90-min psychotherapy	\$210	\$275		
Group psychotherapy	\$55 per session			

**DISCOUNT PACKAGES ARE AVAILABLE*

MINORS

The adult accompanying a minor client is responsible for full payment, regardless of any divorce decree. If the non-accompanying parent/guardian is responsible for a minor's bill, the adult accompanying the minor is responsible for paying the provider's fees and may collect reimbursement from the other parent/guardian. Parents/guardians are responsible for sending payments for services provided to unaccompanied minors at each visit.

AUTHORIZATION TO BILL INSURANCE CARRIER

Your signature below authorizes RiverStone Wellness Center, PLLC to bill your healthcare and/or workman's compensation insurance carrier for all healthcare services provided to you by RiverStone Wellness Center healthcare providers. Your signature also indicates that you agree that RiverStone Wellness Center, PLLC may accept assignment for payment of benefits related to such healthcare services provided, where applicable.

DELINQUENT ACCOUNTS

I agree to be financially responsible for any unpaid balance due to RiverStone Wellness Center, PLLC for services rendered. I understand that, even if I have insurance, some diagnoses may not be covered under my insurance. If this occurs, I agree to pay the full fee for services. I grant permission to RiverStone Wellness Center, PLLC, its agents to discuss my account with, and release any information to, any third-party payer via the US Postal Service, fax, or electronic media in order to assist in the payment of any balance due, or otherwise verify personal information provided. Also, it is understood and agreed that RiverStone Wellness Center, PLLC reserves the right to assess a monthly finance charge, in accordance with Arkansas Law, for any unpaid balance due. Further, it is agreed that should RiverStone Wellness Center, PLLC determine that it is necessary to employ a collection agency to recover any unpaid balance owed, I agree to pay any and all collection fees and costs expended to effect recovery, with such collection fees to be up to 50% of the unpaid balance due, including any and all attorney's fees assessed by any court.

NON-COVERED SERVICES

There will be an hourly fee charged to you based upon the standard fee schedule above, for FMLA, disability, or other forms not filled out during your appointment time. As a general rule, insurance companies do not pay for this charge.

WE ASK THAT YOU PROVIDE RIVERSTONE WELLNESS CENTER, PLLC AT LEAST 24 HOURS NOTICE IF YOU ARE UNABLE TO ATTEND YOUR APPOINTMENT. PLEASE INITIAL BELOW, INDICATING THAT YOU UNDERSTAND AND AGREE TO ABIDE BY THE CLINIC'S CANCELLATION AND NO-SHOW FEE REQUIREMENTS:

_____ I UNDERSTAND THAT I WILL BE CHARGED A \$35 LATE CANCELLATION FEE IF LESS THAN 8 HOURS NOTICE IS PROVIDED, AND THAT I AM FULLY RESPONSIBLE FOR THIS FEE, AS INSURANCE COMPANIES DO NOT COVER LATE OR MISSED APPOINTMENT FEES.

_____ I UNDERSTAND THAT FAILURE TO SHOW UP FOR AN APPOINTMENT WITHOUT ADVANCE NOTICE WILL RESULT IN MY BEING CHARGED THE ENTIRE THERAPY FEE FOR THAT APPOINTMENT, AND THAT TWO MISSED APPOINTMENTS WITHOUT NOTIFICATION MAY RESULT IN DISMISSAL FROM THERAPY.

PLEASE READ THE ENTIRE FINANCIAL AGREEMENT POLICY ABOVE CAREFULLY BEFORE SIGNING. YOUR SIGNATURE INDICATES YOUR AGREEMENT TO ABIDE BY THIS POLICY.

CLIENT (OR RESPONSIBLE PARTY SIGNATURE)

DATE

PRINTED CLIENT NAME

DESCRIBE AUTHORITY OF RESPONSIBLE PARTY



Welcome to Discreet Check Out

Please indicate your preferred method of payment for services:

- American Express
- Discover
- MasterCard
- VISA

Card number: _____

Expiration date: _____ CVC/CVV Code: _____

I authorize RiverStone Wellness Center to automatically process payments for

- my RiverStone Wellness Center account DOB: _____
- the account of _____ DOB: _____

I understand that my credit or debit card referenced above will be charged the agreed upon amount (including health insurance copays, deductible, coinsurance, self-pay amounts, non-reimbursable fees) for services and fees related to clinic appointments. This authorization will remain in effect unless and until I revoke this permission in writing, which I may do without notice.

Name as it appears on card: _____

Card Billing Address: _____

Signature of card holder: _____ Date: _____

FOR OFFICE USE ONLY: CARD IMPRINT ON FILE? YES / NO

RiverStone Wellness Center, PLLC
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I UNDERSTAND THAT RIVERSTONE WELLNESS CENTER'S NOTICE OF PRIVACY PRACTICES, AS REQUIRED BY THE PRIVACY REGULATIONS CREATED AS A RESULT OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), INFORMS ME OF HOW THIS OFFICE USES AND DISCLOSES MY PROTECTED HEALTH INFORMATION (PHI) AS PERMITTED UNDER FEDERAL AND STATE LAW. THIS NOTICE ALSO OUTLINES MY RIGHTS REGARDING MY PROTECTED HEALTH INFORMATION (PHI).

RIVERSTONE WELLNESS CENTER'S NOTICE OF PRIVACY PRACTICES WAS PRESENTED TO ME TODAY. I ACKNOWLEDGE THAT I HAVE READ THIS AND BEEN OFFERED A COPY OF THE PRIVACY PRACTICES OF RIVERSTONE WELLNESS CENTER, PLLC.

PLEASE SELECT AND INITIAL BELOW:

I HAVE **RECEIVED** A COPY OF THE PRIVACY PRACTICES _____
(INITIALS)

I HAVE **DECLINED** A COPY OF THE PRIVACY PRACTICES _____
(INITIALS)

I ALSO UNDERSTAND THAT PHOTOGRAPHY, VOICE RECORDING, OR VIDEO RECORDING BY ANY METHOD (E.G., SMARTPHONE, CAMERA, TABLET, ETC.) ON THE CLINIC PREMISES IS STRICTLY PROHIBITED IN ORDER TO PROTECT THE PRIVACY OF CLIENTS, GUESTS, STAFF, AND PROVIDERS. BY MY SIGNATURE BELOW, I AM AGREEING TO ABIDE BY THIS POLICY.

CLIENT (OR RESPONSIBLE PARTY SIGNATURE)

DATE

PRINTED NAME OF CLIENT

RiverStone Wellness Center, PLLC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

RiverStone Wellness Center (“RiverStone”) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at RiverStone Wellness Center, please contact the Privacy Officer at (501) 777-3200 or 5905 Forest Place, Suite 230, Little Rock, AR 72207.

Understanding Your Medical Record/Health Information

Each time you visit a healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, assessment, diagnosis, treatment plan, and treatment recommendations. These records may also disclose or reveal that you are a recipient of public welfare benefits. This Protected Health Information (PHI), often referred to as your medical record, serves as a basis for planning your treatment, a means to communicate between service providers involved in your care, as a legal document describing your care and services, and verification for you and/or a third-party payer that the services billed were provided to you. It can also be used as a source of data to assure that we are continuously monitoring the quality of services and measuring outcomes. Understanding what is in your medical record and how, when and why we use the information helps you make informed decisions when authorizing disclosure to others. Your health information will not be disclosed without your authorization unless required or allowed by State and Federal laws, rules or regulations.

Our Responsibilities

RiverStone must protect and secure health information that we have created or received about your past, present, or future health condition, health care we provide to you, or payment for your health care. We are only allowed to use and disclose protected health information in the manner described in this Notice. A link to this Notice (included in the new client forms) is posted on our website and we will provide you a paper copy of this Notice upon your request.

How RiverStone Wellness Center May Use or Disclose Your Health Information

The following categories describe ways that RiverStone may use or disclose your health information. Any use or disclosure of your health information will be limited to the minimum information necessary to carry out the purpose of the use or disclosure. For each category of uses and disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories. **Note that we can only use or disclose alcohol and drug abuse records with your consent or as specifically permitted under federal law. These exceptions are listed on the next page.**

Payment Functions – We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with private insurance to manage medical necessity of health care services, determine whether a particular treatment is experimental or investigational, or determine whether a treatment is covered under your plan. Health information may also be shared to coordinate benefits paid by a non-profit agency with which you have voluntarily enrolled, such as the Arkansas Crime Victims Reparation Program or the Arkansas Judges and Lawyers Assistance Program.

Healthcare Operations – We may use and disclose health information about you to carry out necessary managed care/ insurance-related activities. For example, such activities may include premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities such as handling and investigating complaints; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.

Treatment - We may use and disclose health information about you to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, obtaining your

medical treatment and history, recording it in your chart, and discussing your care with another behavioral health provider to which you have been referred to ensure that the therapist has the necessary information to diagnose or treat you.

We may also share your health information with emergency treatment providers when you need emergency services.

Required by Law – RiverStone may use and disclose your health information as required by law. Some examples where we are required by law to share limited information include but are not limited to: PHI related to your care/treatment with organizations such as the Red Cross during an emergency and to the extent necessary to fulfill responsibilities when a client is committed for inpatient treatment.

Public Health – Your health information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Health Oversight Activities – We may disclose your health information to health, regulatory and/or oversight agencies during the course of audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system. For example, health information may be reviewed by investigators, auditors, accountants or lawyers who make certain that we comply with various laws; or to audit your file to make sure that no information about you was given to someone in a way that violated this Notice.

Judicial and Administrative Proceedings – We may disclose your health information in response to a subpoena or court order in the course of any administrative or judicial proceeding, in the course of any administrative or judicial proceeding required by law (such as a licensure action), for payment purposes (such as a collection action), or for purposes of litigation that relates to health care operations where RiverStone is a party to the proceeding.

Public Safety/ Law Enforcement – We may disclose your health information to appropriate persons in order to prevent or lessen a serious or imminent danger or threat to the health or safety of a particular person or the general public or when there is likelihood of the commission of a felony or violent misdemeanor.

National Security – We may disclose your health information for military, prisoner, and national security.

Worker's Compensation – We may disclose your health information as necessary to comply with worker's compensation or similar laws.

Marketing – We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with the information about other products we will obtain your authorization to share information with this third party.

Disclosures to Plan Sponsors – We may disclose your health information to the sponsor of your group health plan, for purposes of administering benefits under the plan. If you have a group health plan, your employer is the plan sponsor.

Research – Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

Applicability of More Stringent State Laws – Some of the uses and disclosures described in this notice may be limited in certain cases by applicable State laws or rules that are more stringent than Federal laws or regulations, including disclosures related to mental health and substance abuse, intellectual/developmental disabilities, alcohol and other drug abuse (AODA), and HIV testing.

Use and Disclosure of Health Information without your Authorization

Federal laws **require or allow** that we share your health information, including alcohol and drug abuse records, with others in specific situations in which you do not have to give consent, authorize or have the opportunity to agree or object to the use and disclosure. Prior to disclosing your health information under one of these exceptions, we will evaluate each request to ensure that only necessary information will be disclosed. These situations include, but are not limited to the following:

- To a county Department of Social Services or law enforcement to report abuse, neglect or domestic violence; or
- To respond to a court order or subpoena; or
- To qualified personnel for research, audit, and program evaluation; or
- To a health care provider who is providing emergency medical services; or
- To appropriate authorities if we learn that you might seriously harm another person or property (including RiverStone Wellness Center) in the future or that you intend to commit a crime of violence or that you intend to self-harm; or
- For the purpose of internal communications, as outlined above; or
- To qualified service organization agencies when appropriate. (These agencies must agree to abide by the Federal law.)

When RiverStone Wellness Center May Not Use or Disclose Your Protected Health Information

Except as described in this Notice, RiverStone will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

- Your authorization is necessary for most uses and disclosures of psychotherapy notes.
- Your authorization is necessary for any disclosures of health information in which RiverStone receives compensation.

- Your authorization is necessary for most uses and disclosures of alcohol and drug abuse records (exceptions are listed above).

Statement of Your Health Information Rights

Although your health information is the physical property of RiverStone, the information belongs to you. You have the right to request, in writing, certain uses and disclosures of your health information.

Right to Request Restrictions – You have the right to request a restriction on certain uses and disclosures of your health information. We are not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the Privacy Officer at the address listed below. We will let you know if we can comply with the restriction or not.

Right to Request Confidential Communications – You have the right to receive your health information through a reasonable alternative means or at an alternate location. To request confidential communications, you must submit your request in writing to the Privacy Officer at the address listed below. We are not required to agree to your request.

Right to Inspect and Copy – You have the right to inspect and receive an electronic or paper copy of your health information that may be used to make decisions about your plan benefits. To inspect and copy information, you must submit your request in writing to the Privacy Officer at the address listed below. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. There are certain situations where we will be unable to grant your request to review records.

Right to Request Amendment – You have a right to request that we amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can appeal the denial. To request an amendment, you must make your request in writing to the Privacy Officer at the address listed below. You must also provide a reason for your request.

Right to Accounting of Disclosures – You have the right to receive a list or accounting of disclosures of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions, healthcare operations of treatment, or made by you. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address listed below. We will provide one list or accounting per 12-month period free of charge; we may charge you for additional lists or accountings. We will inform you of the cost and you may choose to withdraw or modify your request before any costs are incurred. There are certain exceptions that apply.

Right to a Copy – You have a right to receive an electronic copy of this Notice at any time. To obtain a paper copy of this Notice, send your written request to the Privacy Officer at 5905 Forest Place, Suite 230, Little Rock, AR 72207. You may also print a copy of this Notice from our website, via the new client forms link.

Right to be Notified of a Breach – You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements. If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the Privacy Officer at 5905 Forest Place, Suite 230, Little Rock, AR 72207, or by calling (501) 777-3200.

Changes to this Notice and Distribution

RiverStone Wellness Center reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new notice provisions effective for all health information that it maintains. We will provide a copy of our notice upon your enrollment in services and will remind you at least every three years where to find our Notice and how to obtain a copy of the notice if you would like to receive one. If we have more than one Notice of Privacy Practices, we will provide you with the Notice that pertains to you. The notice provided pertains to the enrolled client. If our Notice has a material change, we will post information regarding this change to the website for you to review. In addition, following the date of the material change, we will provide you a paper copy of the revised Notice at your next appointment.

Complaints

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to the Privacy Officer at 5905 Forest Place, Suite 230, Little Rock, AR 72207, or by calling (501) 777-3200. RiverStone Wellness Center will not retaliate against you in any way for filing a complaint. All complaints to RiverStone Wellness Center must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services at www.hhs.gov/ocr/privacy/hipaa/complaints/ or call (800) 368-1019.

This Notice became effective on July 25, 2018



INFORMED CONSENT TO TREAT

RiverStone Wellness Center is dedicated to providing holistic mental health treatment for individuals who have experienced trauma and other challenges. We believe the healing process is unique to each individual. This form is designed to help you understand treatment more clearly, so you can take greater ownership of your recovery process.

There are several things we'd like you to know about your care:

Description of Programming:

RiverStone Wellness Center offers several treatment and evaluation options. Clients are not required to participate in all options and, in collaboration with your therapist, you may find that some options will be more beneficial during different phases of recovery.

- Individual Therapy
- Couples / Family Therapy
- Group Therapy
- Psychological Testing
- Nutrition Counseling
- Yoga Classes
- Expressive Arts Therapy
- Wellness Workshops and Retreats
- Massage and Reiki Therapy

Because our clinic focuses on holistic recovery, it is common practice at *RiverStone Wellness Center* for clients to also be encouraged to find ways to (a) increase their physical activity in ways consistent/safe for their body (b) learn about healthy foods/diet, and/or (c) explore ways to connect with others in meaningful ways.

Psychotherapy Treatment

RiverStone Wellness Center is committed to providing the highest level of treatment. Currently, our center offers all three of the identified gold standard treatments for Post-Traumatic Stress Disorder in adults, including Eye Movement Desensitization and Reprocessing (EMDR), Prolonged Exposure

(PE), and Cognitive Processing Therapy (CPT). For those who experience symptoms of Depression, Anxiety, Substance Abuse, and Eating Disorders we offer highly effective, evidenced-based treatments for these experiences as well. Although different in many ways, each of these therapies has strong research evidence supporting its efficacy in reducing symptoms. Our providers can help you find the right process for you to reach your goals, in a very safe and supportive environment.

Psychological Testing and Assessment

Psychological assessments are conducted for a variety of reasons, including diagnostic clarification, qualification for services, and treatment recommendations. A psychological assessment seeks to provide information about a specific question pertaining to psychological, cognitive, or emotional functioning, using empirically validated tools chosen by the clinician. For psychological evaluations, the psychologist will meet for an interview, several testing sessions, and a feedback session to go over the results. These services will also include psychologist's time for the reading of records, the scoring and interpretation of the test results, writing of the report, and any other activities to support these services. The overall time required depends on the nature of the assessment and the consultation question that is being addressed. Reports are generally released to the requesting party or to the individual client when the testing is requested by self-referral. Participation in the assessment process is voluntary and you have the right to ask questions at any point during the evaluation process.

Benefits and Risks of Participation:

Many people experience traumatic events or other symptoms and still live fulfilling lives. Our goal in treatment is to help you along this journey. You may learn that you can live a healthy meaningful life as well as experience a greater peace of mind. A common report from clients in psychotherapy is that they have decreased symptoms and increased hope. You may also find that small consistent changes lead to a more fulfilling life. As you learn more about treatment and recovery, you may discover that the things you think are helping are doing more harm than good. Please know that increased awareness and significant life changes may cause you some distress as you begin to navigate in a new, healthier way.

One possible risk of treatment is that you may have intense unwanted thoughts, feelings and memories. It is not uncommon to have more intense emotions when you first begin therapy. If you currently avoid these unwanted experiences, therapy will bring you in contact with them more. It is common for these intense feelings *to lessen* as therapy progresses.

Although telling trauma stories is not a part of our PTSD group therapy process, hearing other survivors talk about their recovery experiences may prompt unpleasant thoughts, feelings or memories. Some group members report remembering things that they had not thought about for a long time. Again, it is common for these intense feelings to lessen as therapy progresses.

Alternatives to Participation:


You are not required to take part in programming offered at *RiverStone Wellness Center*. You may seek services outside of *RiverStone Wellness Center* or opt to not engage in any kind of therapeutic services at this time.

What is required to participate in RiverStone Wellness Center programming?

1. You sign the 'Consent to Treat' form (see Appendix A).
2. You understand that taking part in the program is voluntary. You may withdraw from services at any time.
3. If you cannot attend your session, please call the center at 501-777-3200, at least 24 hours before your appointment. Cancellations received less than 8 hours prior to the appointment will result in a \$35 late cancellation fee. Clients who fail to show up for their appointment with no advance notice will be responsible for paying the entire therapy fee for the appointment. Please note insurance companies do not cover missed appointment fees.
4. You are not currently enrolled in other mental health therapy. Different therapies may teach different skills. Taking part in two different mental health therapies at the same time can cause confusion.
5. We expect and encourage you to share information or skills you learn in groups. It is important that you **not** share specific information about other group members.

PLEASE READ THE FOLLOWING CAREFULLY

Limits to Confidentiality There are some limits to your privacy.

-  A plan to harm someone else: Your therapist is required to notify the intended victim and the police.

- 🌱 A plan for suicide: Your therapist is required to notify the police. If necessary to ensure safety, the therapist may notify family.
- 🌱 Report of child abuse or neglect: If you know of a child who is being abused or neglected, your therapist is required by Arkansas law to notify police and social services. If you choose to, you may also report past incidents of personal child sexual abuse with the support of our staff.
- 🌱 Report of vulnerable adult abuse or neglect: Arkansas law requires your therapist to notify police and social services of abuse or neglect of a vulnerable adult.
- 🌱 RiverStone Wellness Center utilizes a team approach to treatment, often consulting with one another to provide the best care possible. Please visit our website for a list of our current providers and inform your therapist if there is a conflict of interest.

AFTER HOURS AND EMERGENCY CARE

RiverStone Wellness Center is an outpatient clinic consisting of independently licensed providers whose office hours may vary. Should you leave a message for your provider during their non-business hours, they will return your message during their regular business hours. If you are a new patient and are in need of more crisis management or acute treatment, outpatient care may not be the most appropriate option for you. Should you need acute/crisis care, we may be able to provide a referral for this level of care. Crisis and emergency care is available through your nearest emergency room, by calling 911, or by contacting the National Crisis Lifeline (1-800-273-8255). Other helpful numbers may be found on Appendix B of this packet. If you access emergency mental health services, please contact your therapist for follow-up care.

Appendix A (your packet copy)

RiverStone Wellness Center: Consent to Treat

I understand that attendance is important: Showing up for treatment is showing up for yourself. Recovery is possible for those who attend their appointments and work toward positive change in their lives. We understand that some forms of interruptions may be beyond your control (transportation, illness, etc.), however, three missed appointments may result in the treatment protocol being discontinued.

I understand that arriving on time is necessary.

I understand that participation in my sessions is important: Participation includes talking about your progress and doing in-session exercises.

I understand that psychotherapy includes participating between sessions. Participation between sessions is the work you do each week. This includes completing and returning assignments. Practice assignments are designed to enhance your treatment experience.

I have read the 'Informed Consent to Treat' document. I have been given the opportunity to ask questions I may have about this sheet, about the 'Informed Consent to Treat' document.

My signature below indicates that I understand the statements listed above on this sheet.

Client's signature	date	Staff's signature	date
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(Keep this copy for your records)

Appendix B

Important Telephone Numbers

Alcoholics Anonymous	(501) 664-7303
ALANON	(501) 372-5234
Women and Children First <small>(Domestic Violence Shelter)</small>	(501) 376-3219
Child Abuse Hotline	1-800-422-4453
Elder Abuse	1-800-482-8049
Food Stamps/Income Assistance	1-800-252-9330
GLBT National Help Line	1-888-843-4564
Little Rock Police	(501) 918-3900
National Alcohol & Drug Info	1-800-729-6686
Suicide Prevention Lifeline	1-800-273-8255
Problem Gambling	1-800-522-4700
United Way Help Line	(501) 376-4567
VA Hospital	(501) 257-3100
Veterans Crisis Line	1-800-273-8255
Vet Center	(501) 324-6395

Appendix C (office copy)

RiverStone Wellness Center: Consent to Treat

I understand that attendance is important: Showing up for treatment is showing up for yourself. Recovery is possible for those who attend their appointments and work toward positive change in their lives. We understand that some forms of interruptions may be beyond your control (transportation, illness, etc.), however, three missed appointments may result in the treatment protocol being discontinued.

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I have read the 'Informed Consent to Treat' document. I have been given the opportunity to ask questions I may have about this sheet, about the 'Informed Consent to Treat' document.

My signature below indicates that I understand the statements listed above on this sheet.

_____	_____	_____	_____
Client's signature	Date	Staff's signature	Date

(Return this signed copy to your provider)