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UPDATES TO INFORMATION

PATIENT NAME: _____ **DOB:** _____

CHECK FOR CHANGE OF:

	ADDRESS:
	HOME PHONE NUMBER:
	CELL PHONE NUMBER:
	EMAIL ADDRESS:
	<p>CREDIT CARD & PAYMENT INFORMATION</p> <div style="background-color: #e0e0e0; padding: 5px;"> <p>Payment method MASTERCARD VISA AMERICAN EXPRESS DISCOVER</p> <p>Credit card number _____</p> <p>Print name as it appears on credit card _____</p> <p>Zip code _____ Security code _____ Expiration date ____/____</p> <p><i>Your signature below authorizes Reynolds & Rubino Psychology Group, LLC to charge your credit card for late cancellations, missed appointments, and outstanding balances (over 30 days).</i></p> </div>
	<p>CLIENT PORTAL</p> <p>You can access the CLIENT PORTAL via our website at www.rpsychgroup.com or by searching for your therapist name on www.therapyappointment.com. Once your account is established, you can receive an appointment reminder to your email address, your cell phone (via a text message), or your home phone (via a computer generated voice message) the day before your scheduled appointments. You can also enjoy the convenience of online scheduling (if your therapist permits), view your current balance, and make online payments.</p> <p>Requested login name: [] (letters or numbers only) Requested password: [] (letters or numbers only)</p> <p>Where would you like to receive appointment reminders? (check one)</p> <p><input type="checkbox"/> Via a text message on my cell phone (normal text message rates will apply)</p> <p><input type="checkbox"/> Via an email message to the address listed above</p> <p><input type="checkbox"/> Via an automated telephone message to my home phone</p> <p><input type="checkbox"/> None of the above. I'll remember my appointments on my own.</p> <p>Appointment information is considered to be "Protected Health Information" under HIPAA. By my signature, I am waiving my right to keep this information completely private, and requesting that it be handled as I have noted above.</p>

Authorization signature _____ Date _____