



Renée Woods, MD

NewLeaf HealthCare, PC.

4702 Summitview Ave
Suite 102
Yakima, Wa. 98908

Patient Registration

Today's Date: _____

Name _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____

Preferred Pharmacy: _____ Primary Doctor: _____

Consent to Treatment

I voluntarily consent to medical treatment and diagnostic procedures provided by NewLeaf Healthcare and its associated physicians, clinicians and other personnel. I consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made as the result of treatments or examinations.

Assignment of Insurance Benefits

I guarantee payment of all charges made for or on account of the patient and I assign my rights in any insurance benefits or other funding to the physician and NewLeaf Healthcare. I understand that I am responsible for any charges not covered by insurance or other forms of benefits. I understand that NewLeaf HealthCare can obtain my credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collection or collected, I shall pay all collections fees and cost, including reasonable attorney's fees. For Medicare beneficiaries: I have provided all necessary information for proper assignment of Medicare benefits.

ePrescribing/ Medication History Download Consent Form

ePrescribing is defined as a physician's ability to electronically send an accurate, error free, and understandable prescription directly to a pharmacy from the point of care. ePrescribing greatly reduces medication errors and enhances patient safety. The Medicare Modernization act (MMA) of 2003 listed standards that have to be included in an ePrescribe program.

These include:

- Formulary and benefit transactions-gives the prescriber information about which drugs are covered by the drug benefit plan.
- Medication history transactions-provides the physician with information about medications the patient is already taking to minimize the number of adverse drug events.
- Fill status notification-allows the prescriber to receive an electronic notice from the pharmacy telling them if the patient's prescription has been picked up, not picked up, or partially filled.

By signing this consent form you are agreeing that NewLeaf HealthCare can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.

No Hospital Acknowledgement

I acknowledge that email is not approved as a secure method of transmitting protected health information ("HIPPA" information) and is not advised for the transmission of medical information. I authorize the use of email for communication concerning my care.

I acknowledge that I have read and understood Dr. Woods' Privacy Policy.

I accept and agree to Dr. Woods' office polices, including:

- That Dr. Woods does not provide any form of hospital practice.
- That in the case of emergency or urgency I will seek health care from my primary care provider or other provider.
- That Dr. Woods does not provide after-hours services, and I understand Dr. Woods' hours of availability may vary.

I plan to seek care from _____ at times when Dr. Woods is unavailable.

Patient Name _____ Date _____