



Registration part A.- Assignment of Insurance benefits / Payment consent

Note: Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and other pay a percentage of charge. **It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid by your insurance.** Please read and sign the following:

- a) I hereby directly assign, transfer, and set over to Bodhi Medical Care, LLC and their representative providers (Dr. Rebecca S Farber) all medical/ surgical benefits, to which I, or my child, may be entitled from governmental agencies, insurance carriers, or others who are financially liable for the medical care to cover the costs of the care and treatment rendered to myself or to my child through services of Dr. R. Farber/ Bodhi Medical Care, LLC and understand that I am financially responsible for all charges, whether or not paid by the any of the above agencies. I hereby authorize the doctor to release all information necessary to substantiate the payment for such medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment. I further agree that a photocopy of this agreement shall be as valid as the original.
- b) I furthermore understand, that should I or my child undergo any tests (such as laboratory, imaging, consultation or other) or any other services provided by other facilities or services provider(s) during the course of my evaluation or treatment, whether ordered by Dr. Rebecca S. Farber or other medical professionals, I will be responsible for payment of the balance (whether directly or through my insurance) to any such rendering facility or service provider(s) and I will not hold Dr. R. Farber, or Bodhi Medical Care, liable for the costs of such tests.
- c) I certify that the information I provide about myself and my child such as the address, contact, insurance and other information pertinent to my care or the care of my child is valid, true and correct.

Registration part B. - Notice of Privacy Practices

Notice of Privacy Practices explains: how medical information may be used, about the rules of disclosure as well as the protection of your information. It also explains about your rights and access to information, and our obligations for various situations of disclosure. (The notice is attached with the registration form and can be also viewed at our website: www.mybodhi.com)

I have received, read, had opportunity to ask questions and agree the Notice of Privacy Practices with what it states.

Registration part C. Electronic Communication Consent

Electronic Communication Consent explains: The vast majority of our patients request communication and notification about various care related matters via electronic media, especially email. The demand for this is apparent, the technology is easily accessible, and we like to accommodate our patients' preferences. Electronic communication offers a more convenient and timely form of contact. The American Medical Association agrees that offering email communication may aid in patient-physician communication. However, we also understand that we do not live in an ideal world. While we strive to exercise protection of privacy according to set rules, including HIPAA, we understand and express that we cannot guarantee 100% protection on all ends of communication." I have had a chance to read and review the electronic communication Consent of Bodhi Medical Care, LLC, and I hereby confirm that: I have reviewed the information provided and based on understanding the benefits as well as risks and options associated with usage of offered electronic communication; I AGREE to be informed of my and/or my child's upcoming appointments, referral appointments, lab results, diagnoses, billing or other care related matters; and to be informed about health and/or illness matters via email. This email account may receive such messages on the computer and/or cell phone, blackberry or PDA.

I have received, read, had opportunity to ask questions and agree with the Electronic Communication Consent and with what it states.

For Registration part D. Child immunization Policy of Apple Pediatrics/ Bodhi Medical Care, LLC

It is our general policy to adhere to child immunization recommendations of American Academy of Pediatrics.

(<http://www.cispimmunize.org/aap/AAPpolicy.htm>) Thus, I, as a parent of a child, agree with general immunization of my child and understand the associated benefits, risks, as well as the options of my child's immunization which are available to me, and can be also found at the website of aap.org. I furthermore agree, that should I opt to decline general child immunizations based on my beliefs that immunization's risk outweighs its benefits, I fully understand that Apple Pediatrics/ Bodhi Medical Care, LLC and their representatives including Dr. Rebecca Farber, may consider such option as a right to termination of further care provision to my child. The philosophy about immunizations of Apple Pediatrics is consistent with that of the American Academy of Pediatrics, and despite inherent possibility of side effects, including rare but serious possibilities such as the development of chronic illness, handicap, allergic, idiosyncratic reactions including child's death, in general the common immunizations risks do not outweigh their benefits. Thus, the immunizations are given with the purpose of the individual child's as well as community's protection against preventable communicable diseases.

Registration part E. –Consent to free choice + prevention of abuse & fraud

I, as a patient, parent of a child or a legal representative understand that I or my child is free to choose any treatment, test or physician, and I or my child may change our preferences at any time. I also understand that I, and/or my child, have the right and responsibility to ask questions if there is any information of which I am unsure or wish to have clarified, or if I wish to change any part of my medical care. I also understand that I can contact this office and voice my concerns should I have any questions, experience any form of error, abuse or fraud. I furthermore understand that should I provide any misleading information, engage in an inappropriate behavior, including abuse or fraud, exhibit non-compliance or continue to miss any appointments the office reserves the right to terminate my patient physician relationship.

I, representing either myself and/or my child hereby declare that I have been informed, read, had opportunity to ask questions and agree with all five parts (A, B, C,D, E) of this agreement for my child and/or for myself at Bodhi Medical Care, LLC and agree with all respective policies related to this agreement.