MINT HEALTH

NEW PATIENT FORM

Today's Date_____

Name_____ Date of Birth_____

Current Mailing Address_____ Race _____

Email Address_____ Phone Number_____

Allergic to any medicines or latex?_____ Social Security #_____

Height_____ Weight_____ Tobacco/Vape Use?_____ How much?_____

Recreational Drugs or Alcohol Consumption? _____ How often?_____

Emergency Contact/Relation:_____ Phone #_____

PERSONAL MEDICAL HISTORY: *Please Circle:* Thyroid Disease Blood Clots Liver Disease Diabetes Heart Disease

Kidney Disease High Blood Pressure Asthma Tuberculosis Emphysema Cancer Epilepsy or Seizures

Hepatitis Other _____

Number of Pregnancies:_____ Number of Live Births:_____

When was your last Mammogram? _____Last Colonoscopy? _____Last Pap Smear? _____

Any abnormal results? _____ Last Menstrual Period: _____

Please List your Surgical History_____

List all medications & doses you are currently taking_____

FAMILY HISTORY: ***Please circle and state who in your family has had illness:***

Diabetes_____ Heart Disease_____ Kidney Disease_____ Tuberculosis_____ Cancer_____

Epilepsy or Seizures_____ Hepatitis_____

What are you being seen for today?_____How did you hear about us? _____

Pharmacy Name/Location:_____

SYMPTOM CHECKLIST FOR WOMEN

Name: _____ **Date:** _____

E-Mail Address: _____

Symptom *(please check mark)*	Never	Mild	Moderate	Severe
Depressive mood (feeling down/sad/lack of drive)				
Memory Loss (forgetfulness)				
Mental confusion (feeling in a mental fog)				
Decreased sex drive/libido (decreased desire for sex)				
Sleep problems (difficulty falling/staying asleep/wake up tired)				
Mood changes/Irritability				
Tension				
Migraine/severe headaches				
Difficult to climax sexually				
Bloating				
Weight gain				
Breast tenderness				
Vaginal dryness				
Hot flashes				
Night sweats				
Dry and Wrinkled Skin				
Hair is Falling Out				
Cold all the time				
Swelling all over the body				
Joint pain				

Other symptoms that concern you:

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF INSURANCE

I hereby assign my insurance benefits under the above plan to Dr. Elizabeth Buchert. I understand that I am financially responsible for any charges not covered by this assignment. I will be responsible for any/all charges that are not considered to be a covered benefit under my health insurance plan. I also hereby authorize the release of information requested in the course of my examination as needed.

ACKNOWLEDGEMENT OF NOTICE TO PRIVACY PRACTICES

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used and disclosed to:

*Evaluate my health, diagnose my medical condition, and provide treatment
*Obtain payment from third party payers
*Conduct normal operation of our medical practice, such as quality assessments, physician certifications, appointment and surgery scheduling, etc.
*Fulfill other purposes which are listed in our Notice of Privacy Practice. I may contact this organization at any time at the address above to obtain a current copy of your Notice of Privacy Practices.

CONSENT TO OBTAIN EXTERNAL PRESCRIPTION HISTORY

I authorize Dr. Elizabeth Buchert and her staff to view my external prescription history via the RxHub service. I understand that my prescription history over several years from other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by Dr. Buchert and staff.

My signature certifies that I have read, and understand the scope of my consent and that I authorize all access.

SIGNED_____ DATE_____

PRINT NAME_____DOB_____

MINT HEALTH

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO FAMILY MEMBERS, POWER OF ATTORNEY, ETC

I, _____, authorize Dr. Buchert to release any & all information pertaining to my care, including but not limited to, future appointments, treatment plans, prognosis, etc to the following individuals:

- If permission is given, list the names of the individual(s) who will have the authority to receive any & all information pertaining to your care and sign and date the form.

- If you do **NOT** wish any information to be released, draw an "X" over the section listed below and sign and date the form.

Name:_____

Relationship to Patient:_____

Name:_____

Relationship to Patient:_____

Name:_____

Relationship to Patient:_____

Patient Signature:_____

Printed Name of Patient:_____

Date:_____

MINT HEALTH

PATIENT PORTAL

Dr. Elizabeth Buchert, Renee Beyer-Boudreaux FNP and Mint Health use a patient portal for secure viewing of clinical information and communication between the clinic and the patient. At your initial appointment, you will be web-enabled and required to provide a personal (non-work) email address. You will use the username and password provided to log into the portal and gain access to your personal health record and other helpful features from any personal computer or laptop with an internet connection.

You will use the patient portal for many reasons including:

- Request appointments
- Request prescription refills
- Update demographic information (address, telephone number, email address, etc.)
- Ask questions and send information to Dr. Buchert, Renee and the clinic staff
- Receive and review laboratory test results
- Communication from Dr. Buchert or Renee FNP, regarding treatment for abnormal lab results, changes in medications or supplements, additional testing that may be required, etc.
- Review and pay patient statements

Use of the patient portal will result in significantly improved communication between you and our office. If you need to refresh your memory on how to access the portal, the Front Desk staff will be happy to provide you with an instruction sheet.

It is extremely important that you provide our office with an accurate email address and that you check your inbox on a regular basis for messages from the portal and follow the instructions forwarded in the message regarding treatment and follow-up on lab testing.

Patient Acknowledgement and Agreement:
I acknowledge that I have read and fully understand the information contained on this form. I agree that it is my responsibility to check my email inbox for messages from the portal and to follow through with Dr. Buchert and/or Renee's recommendations.

☐ I have read this form and the above information and accept the conditions.

Email Address: _____

_____ _____

Patient Name Date

MINT HEALTH

Nutritional Supplements

According to the Federal Food, Drug, and Cosmetics Act, as amended, §201(g)(1), the term *drug* is defined as an "article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease." Technically, vitamins, minerals, trace elements, amino acids, herbs, or homeopathic remedies are not classified as drugs. However, these substances can have significant effects on physiology and must be used rationally. In this office, we provide nutritional counseling and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient's diet and to supply nutrition to support physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all of your healthcare providers fully informed about all medications and nutritional supplements, herbs, or hormones you may be taking.

As a service to you, we make nutritional supplements available at our office. We purchase these products only from manufacturers who have gained our confidence through considerable research and experience. We determine quality by considering (1) the quality of the science behind the product; (2) the quality of the ingredients themselves; (3) the quality of the manufacturing process; and (4) the synergism among product components. The brands of supplements we carry in our facility are those that meet our high standards and tend to produce predictable results. **You are under no obligation to purchase nutritional supplements from our clinic.**

While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability (ability to be absorbed and utilized by the body), and effectiveness. The chief reason we make those products available is to ensure quality. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

If you have concerns about this issue, please discuss with a member of the team.

☐ I have read and understand the above information.

_____ _____

Patient Name Date

MINT HEALTH

Laboratory Consent Form

Many insurance companies have a “preferred” laboratory that the patient must use for lab work to be covered by insurance. Please know that, as the patient, you are responsible for knowing the preferred lab required by your insurance company. We at Mint Health do not know the benefits of your personal health insurance policy, nor can we be familiar with all the policies of the different insurance companies for all of our patients. Dr. Buchert makes lab recommendations based on medical advice and expertise and your symptoms and health goals.

We ask that prior to your visits, you either call your insurance company or Human Resources Department to find out the preferred lab if you do not know this information. Mint Health does not take responsibility for knowing your preferred lab or knowing what lab testing may or may not be covered by your insurance policy. Also, please be aware that while a lab draw technician is located in our office, we do not process your labs and we are not responsible for your lab bills.

I understand that all lab tests ordered by Dr. Elizabeth Buchert will be sent to an outside laboratory for processing and I will be billed separately by that lab company through my insurance company. I understand that I am responsible to pay for all lab charges, whether I have insurance, and whether it is a covered benefit of my insurance. I understand that the laboratory company will bill me separately for these lab charges, and lab bills are not from Mint Health and cannot be mediated by Mint Health.

Lab tests include, but are not limited to, Pap smears, vaginal cultures, urinalysis and cultures, blood tests, and biopsies.

Signature: _____

Print Patient Name: _____

DOB: _____

Date: _____

MINT HEALTH

Behavior and Mutual Respect Policy

Our mission at Mint Health is to help you alter the trajectory of your health, and educate you on health maintenance at the level you desire to do so. As a team, we work together to provide compassionate service to our members and patients.

Our mission and values require mutual respect and appropriate behavior. Mutual respect can be defined as a feeling that something or someone is good, valuable, or important, shared between two or more people. We care for each other's thoughts and feelings and we expect respect in return. This trust is the cornerstone of a good patient/client-provider relationship.

We are grateful for the opportunity to work with you, and out of respect for all of our patients and our entire team, we have a zero-tolerance policy for behavior that is in any way abusive, disrespectful, or demanding to the providers or clinic staff. Any patient who behaves in an abusive, disrespectful, or demanding manner will be discharged from the practice.

With my signature below, I acknowledge that I have read and understand the Behavior and Mutual Respect policy at Mint Health and agree to comply with the policy. I also understand the consequences of failing to comply.

_____ _____

Patient Signature Date

_____

Patient Name

Rev. 03.25.19

MINT HEALTH

CANCELLATION AND NO SHOW POLICY

At Mint Health, we believe that a good physician/patient relationship is based upon respect and good communication. We understand that situations arise in which you must miss or cancel your appointment. However, to be fair to all our patients and to enable us to schedule another patient who is waiting for an appointment in the slot we reserved for you, we require that you give us forty-eight (48) hours' notice that you are cancelling or rescheduling your appointment. Office appointments that are cancelled/rescheduled with less than 48 hours' notification will be subject to a $50.00 cancellation fee.

Patients who do not show up for their appointments without a call to cancel an office appointment will be considered as NO SHOW. Patients will be subject to a $50.00 fee for appointment No Show.

The Cancellation and No Show fees are the sole responsibility of the patient.

We understand that special unavoidable circumstances may cause you to cancel/reschedule/no show within 48 hours. Fees may be considered for waiver, but only with management approval.

If you have any questions about this policy, please speak with the practice manager. Thank you for helping us in providing better service and availability to you and all our patients!

Please sign that you have read, understand and agree to this Cancellation and No Show Policy.

_____	_____
Patient Name	**Date of Birth**
_____	_____
Signature	**Date**

WPeHC

Woman's Physicians eHealth Collaborative

- Permission to Create an eHealth Summary and Share Medical Information

We are taking part in an exciting program to improve your health care and make office visits easier and more convenient. To do this, your doctor would like your permission to enroll you in our eHealth Summary program. This means sharing important parts of your medical information with other providers (doctors, nurses, and health professionals) through an electronic medical chart. The eHealth Summary will allow your providers to access your health information more quickly and accurately than with paper charts.

The eHealth Summary is an overview of vital medical information. For instance, the eHealth Summary may include a list of your current medications, allergies, recent diagnoses (problems), prenatal record, or any surgery you may have had. It may also include information about such "sensitive" issues as mental health, substance abuse, sexually transmitted disease, and sexual abuse information. It will not include detailed confidential notes from your office visits.

The eHealth Summary has a secure system to protect your healthcare information. All authorized healthcare professionals with access to the eHealth summary agree to follow strict privacy and security policies. The technology will encrypt (scramble) the information and track who and when someone has accessed your summary.

Your doctor is asking permission to share your vital medical information through the eHealth Summary for all legally permitted uses and disclosures. These include but are not limited to:

- Clinical care
- Billing and financial management
- Administrative management
- Reports to public health agencies and other governmental requirements
- Reports to protect the security of your medical information
- Reports to evaluate the use of the eHealth Summary
- Reports to track and evaluate the quality of your healthcare services

Only authorized healthcare professionals, their agents and others whose job it is to secure, monitor and evaluate the operation of the information system and quality of care would be able to access your information through this program.

☐ **Yes, I want my health information included in the Woman's Physicians eHealth Collaborative eHealth Summary as described above. By my signature below:**

1. I acknowledge that I have been given sufficient information and have had the opportunity to have my questions answered about the eHealth Summary.
2. I give permission to those described above to use and disclose my information, as described above.
3. I understand that I have the option to withdraw permission and can do so by giving written notice to my doctor's office. Should I withdraw my permission, this request will be effective within one (1) business day of my written notice.

Signature of Patient/Representative _____ Date _____

☐ **No, I do not want my information included in the Woman's Physicians eHealth Collaborative eHealth Summary.**

I understand that my information will still be stored electronically for my provider's records, but an eHealth Summary will not be available to other providers (including Woman's Hospital). I also understand that, without the eHealth Summary, it may be more difficult for doctors and healthcare providers to coordinate my care. This could have an adverse effect on the quality and efficiency of my health care services.

Signature of Patient/Representative _____ Date _____

PATIENT PORTAL

We are honored you have chosen Mint Health as your healthcare provider! At Mint Health, we strive to provide you with the highest quality of care. We want to work together with you to ensure that you are not only aware of, but also involved in the management and improvement of your health. The Patient Portal enables you to communicate with us easily, efficiently, and securely.

***WE REQUIRE USE OF THE PORTAL FOR ALL COMMUNICATION WITH OUR OFFICE*.**

- Before you leave the office, make sure you are web enabled. Front Desk staff can help you with this.
- Be certain you have provided a non-work/employment email address to ensure your privacy.
- You will receive an email containing a secure User ID and temporary password, enabling you to access the portal.
- You can access the Patient Portal from your computer, tablet, smart phone, or through our website www.myminthealth.com.
- Log into the portal with your User ID and password. (Your account will lock if you have three (3) consecutive unsuccessful attempts to log in, so be sure to save your login in a secure place.)
- You will get an email notifying you when your lab results have been released for you to view. Any specific instructions from the physician or nurse will be noted on the lab results.
- To view your lab results, go the left side of the web page. Click on the Lab/Diagnostic Reports button under the Medical Records category. Click on each individual report to see the results.
- Lab results are released to the Patient Portal as soon as possible after they are received by our office, generally ten business days after the lab draw.
- If your results do not appear in the portal within two weeks of your lab draw, please call to notify us.
- To assure all results are effectively communicated and to protect your confidentiality, *results will not be discussed over the phone*. You must have a follow up appointment in the office to review the results with the physician.

Please use the Patient Portal to request appointments, see billing statements, or ask questions to office staff. We ask that you do not send emails of a medical nature to our office, as our email server is not secure and we cannot guarantee your privacy.

Live Well! The Team at Mint Health