



REGISTRATION AND CONSENT FORM

Wendy Caamano, MS, RD, CD

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Washington State Certified Dietitian DI60185009

Commission on Dietetic Registration CDR# 1009490

Below you will find a lot of detailed information regarding your rights and responsibilities and established policies of Wendy Caamano's nutrition counseling practice. Please read this carefully and sign at the bottom, if agree. Please feel free to ask Wendy Caamano any questions and/or for clarification.

Appointments:

I agree to make every effort to keep all schedule appointments and be on time. If I cannot attend a scheduled session, I will call Wendy Caamano to cancel and/or reschedule. There will be no fee if phone message or conversation is received before 24 hours of the scheduled appointment time. If phone message or conversation is received after the 24 hour time frame full fee will be responsible to be paid to Wendy Caamano for that cancelled or missed session. (Please note that if insurance is being used for payment, Wendy Caamano cannot bill insurance for a no-show/late cancellation and therefore the client is responsible for the full fee).

Initial appointments and follow up appointments will last 50 minutes. Occasional 30 minute follow up appointments are available, when appropriate.

I have been informed that Wendy Caamano has the right to terminate services offered with a 30 day written notification given to the client with a listing of referrals for continuity of care.

Confidentiality:

I understand that no information about my treatment will be released to anyone unless I provide written authorization. I understand that Wendy Caamano does receive referrals from Julie Church, RD, CD and in some cases information may be discussed with Julie Church, RD, CD in a confidential environment. The only exception to this would be if I have not paid for services and are sent to collections for payment; then necessary information will be released in order for Wendy Caamano to get paid for service. I also understand that there are limits to my confidentiality, including the following:

- Where there is the risk of imminent harm to myself or another person, Wendy Caamano has the legal and/or ethical duty to take the appropriate steps to protect life.
- When a court orders Wendy Caamano to release information, Wendy Caamano is bound by law to comply.
- When Wendy Caamano has reason to believe that child or an elderly person is in danger of or is being abused (physically, emotionally, or sexually), Wendy Caamano is obligated by law to report the abuse.
- In response to a subpoena from a court of a law or a secretary



Email:

I understand that email may not be a confidential method of communication and understand that phone or in-person contact is the best way to communicate personal information. I understand that Wendy Caamano usually checks email everyday but does not guarantee immediate response to email contact. I also understand that there are instances where e-mails are sent but never received. For these reasons, phone or in-session contact is the preferred method to ensure a timely response. I also understand that Wendy Caamano will not offer nutrition counseling over email, but rather uses email communication mainly for scheduling purposes.

Fees and Financial Agreement:

Wendy Caamano's fees are: 50 minute initial session = \$125.00

50 minute follow-up session = \$105.00

Fees for service are due at the time the service is provided. Cancellation policy is outlined above.

Forms of payment accepted include: cash, check, and credit card.

If I have Premera Blue Cross, LifeWise of Washington, Regence, Cigna or Aetna insurance, Wendy Caamano will bill to the insurance company directly. Please provide your insurance card to Wendy Caamano for copying and complete the insurance information on the attached page. If you are seeing Wendy Caamano at Rehabilitation Options of Issaquah LLC, they will be taking care of all billing.

Nutrition counseling services are very often covered by other insurance companies as an out-of-network benefit, but if I choose to attempt reimbursement from my insurance company for Wendy Caamano's services all the billing is my responsibility. Wendy Caamano will provide for me a "super" receipt once a month that can be submitted to my insurance company by myself for possible reimbursement. I have the responsibility to research this possibility at my desired time. I understand Wendy Caamano is not guaranteeing any reimbursement but rather is suggesting this is a possibility and is willing to help me expedite that possibility.

I also understand that phone conversations lasting more than 15 minutes will be billed at the cost of \$25 per additional 15 minutes, for example a conversation between 15 and 30 minutes will be \$25 and a conversation between 30 and 45 minutes will be \$50. Phone conversations are not covered by any insurance plan. Payment for these phone consults will be an out-of-pocket expense.

Emergency Contact/Crises:

I understand that Wendy Caamano is not on call 24 hours a day. I understand that I am free to call Wendy Caamano at her phone number during off hours and leave a phone message. In cases of emergency when immediate help and counsel is needed I understand the local resources available are:

- Seattle Crisis Clinic: 1-866-4CRISIS
- Emergencies: 911

Counseling Process and Your Rights Regarding Treatment:

I understand that Wendy Caamano and I will work together to define my goals for nutrition counseling. Since nutrition counseling is not an exact science, I understand that the results of counseling can be variable. I understand that the attainment of a positive outcome is dependent upon the effort expended by both myself and Wendy Caamano and I am willing to put my part into this experience.



I understand that I have the right to ask questions about my counseling. I have a right to choose a Dietitian who best suits my needs and purposes. I also have the right to end my counseling at any time and understand that I should notify Wendy Caamano when I am finished. If I decide that I would like to continue my nutrition counseling with another professional, Wendy Caamano can facilitate that process. I understand that Wendy Caamano reserves the right to refer me to another professional if the level of care provided by Wendy Caamano is assessed by Wendy Caamano to not be the appropriate level of care.

Washington State Law:

I understand that if I have concerns about my treatment I can talk directly with Wendy Caamano about these issues. I also understand that if I want more information about the law regulating counselors or want to file a complaint I can write to: Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington, 98504 or call (360) 236-4700. I have been given Wendy Caamano's disclosure statement.



Instructions for completion

ALL new clients please complete the first two boxes.

If the client is a dependent, parents, please complete the third box.

If paying by credit card or using Premera Blue Cross, Regence or Aetna insurance please complete the following page.

Consent for Treatment

I have read through all the above information and have been clearly advised of my rights and responsibilities as a client of Wendy Caamano. I understand these rights and responsibilities and agree to abide by them. I consent to treatment, and I understand I have a right to receive a copy of this form upon request. I also understand that I can withdraw this consent in writing and terminate at any time.

Client Name (please print): _____

Signature: _____ Date: _____

General Information

Client Name: _____ Birth Date: _____

Mailing Address: _____

Phone Number: _____

May I call you here? (Y/N) May I leave you a message here? (Y/N)

Email: _____

Child and Adolescent Consent for Treatment (if applicable)

Client Name (please print): _____ Birthdate: _____

I certify that I am the (check one) ___ father, ___ mother, ___ legal guardian of the above named child/adolescent and that I do have legal custody of the above named child/adolescent. I, hereby, give my authorization and consent for the above named child/adolescent to receive nutrition counseling from Wendy Caamano, MS, RD, CD.

Parent or Legal Guardian Name (please print): _____

Signature: _____

Date: _____



Payment Methods
(Cash and check are always welcome)

1. Credit Card payments (complete only if you are paying with credit card):

If I choose my method of payment to be credit card for regular services Wendy Caamano can manually enter the information.

Credit Card information (required):

Credit card type (circle one): Visa Mastercard Discover

Card number: _____ - _____ - _____ - _____

Expiration date: _____ / _____

CCV number (3 digit code on back of card): _____

If credit card is the primary method of payment I understand a nonrefundable fee will be charged for any cancellation/no show less than 24 hours and for outstanding balances, including claims denied by insurance.

Cardholder's signature: _____

2. Insurance: (complete only if you are using Premera Blue Cross, LifeWise of Washington, Regence or Aetna insurance for visits):

Name of Insurance Plan: _____

Name of Insured: _____

Date of Birth of Insured: _____

Address of Insured: _____

Insured ID Number: _____

Group ID: _____

Name of Insured's Employer: _____

Phone Number of Insured: _____

Co-pays: _____

Rehabilitation Options of Issaquah

Name _____	Date of birth _____
Address _____	Social Security # _____
_____	Marital Status _____
City, State, Zip _____	Referring Physician _____
Phone _____	Primary Physician _____
Phone _____	Email address _____

Patient's Employment Info	Emergency Contact
Employer _____	Name _____
Phone _____	Phone _____
	Relation _____

Responsible Party Information if different than the patient

Name _____	Employer _____
Address _____	Phone _____
_____	SS # _____
City, State, Zip _____	Date of birth _____

DUE TO INCREASING INSURANCE FRAUD INSURANCE COMPANIES NOW REQUIRE YOU TO HAND WRITE THE BELOW INFO, EVEN WITH A COPY OF YOUR CARD.

Primary Insurance Information	Secondary Insurance Info
Copay amount _____	Copay amount _____
Subscriber Name _____	Subscriber Name _____
Subscriber Phone # _____	Subscriber Phone _____
Subscriber Employer _____	Subscriber Employer _____
Insurance Company _____	Insurance Company _____
Subscriber Social Sec # _____	Subscriber Social Sec # _____
Subscriber Date of birth _____	Subscriber Date of birth _____
Policy Number _____	Policy Number _____
Group Number _____	Group Number _____
Relation to Patient _____	Relation to Patient _____

Circle if this auto accident related: Yes or No (If yes ask receptionist for separate form)

Circle if Work Related: Yes or No (If yes ask receptionist for separate form)

Insurance Authorization and Assignment

I attest that the information I have given is correct and true to the best of my knowledge. I hereby assign benefits to Rehabilitation Options of Issaquah and authorize them to furnish information regarding my illness to my insurance company. I understand that I am responsible for any amount not paid for by my insurance.

Patient/Guardian Signature _____	Date _____
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Rehabilitation Options of Issaquah

Financial Policy

Dear Patient,

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office.

1. If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for all charges for all covered and non-covered, medically necessary services rendered. We will bill, both your primary and secondary insurance plans for contracted plans. You will be responsible at the time of service for payment of your co payment. There is a \$25.00 billing fee for each missed co pay.

If we do not receive payment from your primary carrier for any reason, within 60 days of filing, you are responsible the entire amount. Payment is due 10 days after receipt of the statement. (We will bill your secondary only after your primary has responded.)

2. For patients who have insurance coverage with an insurance carrier whom we are not contracted with, please note:

We will bill your primary and secondary insurance. If we do not receive payment from your primary insurance within 60 days of filing, you will be billed the entire balance and payment is due 10 days after the receipt of the statement. (We will bill your secondary only after your primary has responded.)

Any amount not paid by your insurance(s) will be billed to you. Please understand that since we do not have a contract with your plan, we are not obligated to adjust our charges based on your plan's coverage or benefits.

3. For patients with auto related injuries please note the following:

We will bill your Personal Injury Protection (PIP) insurance through YOUR automobile insurance for an auto related injury. We must have the claim number and the address to send the billing to before you are seen by the doctor. We will bill your auto insurance weekly for you, and you will receive a statement from our office each month. The full balance is your responsibility in full over 60 days. We do not bill third parties (i.e. the liable party).

4. For patients with a workers compensation claim: if your claim is denied, the patient is responsible to provide us with current health care insurance information or pay the balance in full.
5. Please be aware that some, and perhaps all, services provided may be considered as not being reasonable and necessary under your medical plan benefits. You are responsible for payment regardless of any insurance company's determination. This pertains to ALL insurances (motor vehicle included.)
6. We will always do our best to accommodate your schedule. An extra charge may be applied for any emergency or "work in" appointments. If any other patients are inconvenienced by "squeezing you in" this fee may apply.
7. Extra forms required by the patient to be filled out by the patient, such as disability forms, letters to employers and insurers, etc that require additional time or research may incur an additional charge to the patient. Extensive forms and/or records review may be billed at an hourly rate, otherwise, a standard fee may apply.
8. If you need to cancel an appointment we require that you call 24 hours in advance. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care. There will be a \$50.00 no-show fee for any appointments not cancelled at least 24 hours prior to the scheduled appointment time. This fee will not be paid by private insurance, L&I, or PIP coverage. This fee is for all departments at ROI. All no show fees must be paid in full before next appointment is scheduled.

Your signature below signifies that you have read, and understand your responsibility regarding charges incurred in this office.

Patient's (or guardian's) Signature and Date

Patient's (or guardian's) name printed

(11/2/2010)



DISCLOSURE INFORMATION

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Washington State Certified Dietitian DI60185009

Commission on Dietetic Registration CDR#1009490

National Provider Identifier NPI #1750602066

Tax ID #601099195

As a Washington State Certified Dietitian, Washington State Registered Counselor and nationally Registered Dietitian the Washington State Department of Health requires I provide disclosure information to clients about my practice as a Dietitian. For more details read law **RCW 18.19.060 -- Information disclosure to clients**: Persons registered under this chapter shall provide clients at the commencement of any program of treatment with accurate disclosure information concerning their practice, in accordance with guidelines developed by the department, that will inform clients of the purposes of and resources available under this chapter, including the right of clients to refuse treatment, the responsibility of clients for choosing the provider and treatment modality which best suits their needs, and the extent of confidentiality provided by this chapter. The disclosure information provided by the counselor, the receipt of which shall be acknowledged in writing by the counselor and client, shall include any relevant education and training, the therapeutic orientation of the practice, the proposed course of treatment where known, any financial requirements, and such other information as the department may require by rule. The disclosure information shall also include a statement that registration of an individual under this chapter does not include a recognition of any practice standards, nor necessarily imply the effectiveness of any treatment. [2001 c 251 § 22; 1987 c 512 § 6.]

Background/Training:

- My education includes a Master of Science in Nutrition from Bastyr University and a Bachelor of Arts in Exercise Science from Fort Lewis College.
- To become an RD (Registered Dietitian) I completed a 9 month supervised practice internship with Bastyr University working with Registered Dietitians in various types of settings. Including, but not limited to, hospital clinical nutrition, community education programs, and food service management.
- To receive the credentials of RD (Registered Dietitian) I passed the Registration Exam for Dietetics given by the Commission on Dietetic Registration.
- In addition to completing these degrees, internship, and exam I am also certified by the American College of Sports Medicine (ACSM) as a Certified Health Fitness Specialist, American Council on Exercise (ACE) as a Personal Trainer, and Aerobics and Fitness Association of America (AFAA) as a Group Exercise Instructor.
- Past work/volunteer experience has included:
 - o Worked closely with Joy Bauer who built one of the largest nutrition centers in the country and is recognized as a leading nutrition authority. I performed research and provided information for her TODAY show episodes and publications, such as Self magazine and Yahoo! Health. Concurrently, I was a coach for TAKE IT OFF with Joy Bauer's Fit Club, and for her book/diet, "Joy's LIFE Diet".



- o Owner and Business Entrepreneur of The Trainer Girl which included personal training and fitness assessments. As The Trainer Girl, I performed an exercise demo for ADA (American Diabetes Association), and spoke several times to EarthCorps crewmembers about nutrition, wellness and injury prevention. I work as an exercise specialist for The Seattle Indian Health Board developing individual and group workout programs for Diabetic, Native American participants of Seattle Indian Health Board's *Cardiovascular Disease, Healthy Heart Project* (Diabetes Prevention Program).
- o Worked at Evergreen Hospital as a Diet Tech. I provided specialized medical nutrition therapy and education to low- and moderate- risk patients, developed quality medical nutrition therapy plans and goals, and implemented and monitored the status and effectiveness of nutritional therapy.
- Presently I primarily offer 1:1 nutrition counseling in my private practice *Wendy Caamano Nutrition*, but I also:
 - o Work as the Dietitian for the Columbia Athletic Clubs, Pine Lake and Columbia Fitness-Sammamish where I see clients and offer a variety of nutrition classes.
 - o Offer personal training services.

Method of Counseling: My services are entitled Nutrition Counseling, which is based on my education in Dietetics. With the client, I am a supporter and an educator. I assist in finding solutions to client's health concerns in a way of life rooted in nutrition and exercise. I help make the prescription of nutrition and exercise realistic and obtainable. In session, I also listen to contentment and discontentment regarding one's relationship with food and body. I help one decipher which messages about food and body to believe as truth and which to discard as myths. Then, together we determine a healthy, practical, and life-giving way to eat and relate to one's body.

Course of Treatment: A Nutrition Counseling relationship, between a client and a Registered Dietitian, can be complete in one session or it may continue for years. Individuals desiring further education and some practical tools to make healthier choices in regards to their relationship with food and body could see a Registered Dietitian for 1-3 sessions and receive sufficient skills to make desired changes. Individuals struggling with diagnosed eating disorders or undiagnosed disordered eating may benefit from weekly sessions with a Registered Dietitian. These individuals most likely will receive most effective treatment if being treated by a team of professionals, including a Mental Health Counselor, Registered Dietitian, and Medical Provider. The course of treatment I follow with these individuals ensures the client has a treatment team in place in order to provide appropriate care. Other health related concerns that benefit from nutrition counseling (ie, diabetes, PCOS, high cholesterol, osteoporosis, food allergies etc) can vary in terms of length of time; this will be determined on a case by case basis.

Washington State Department of Health Statement:

Under Washington State Law, I am required to inform you of the following:

"Counselors practicing counseling for a fee must be registered or certified with the department of health for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment. The purpose of the law regulating counselors (the Counselor Credentialing Act) is: (A) to provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct"

Assurance of Professional Conduct: Thousands of people in the counseling or hypnotherapy professions practice their skills with competence and treat their clients in a professional manner. If you



and the counselor agree to the course of treatment and the counselor deviates from the agreed treatment, you have the right to question the change and to end the counseling if that seems appropriate to you.

We want you to know that there are acts that would be considered unprofessional conduct. If any of the following situations occur during your course of treatment, you are encouraged to contact the Department of Health at the address or phone number in this publication to find out how to file a complaint against the offending counselor or hypnotherapist. The following situations are not identified to alarm you, but are identified so you can be an informed consumer of counseling or hypnotherapy services. The conduct, acts, or conditions listed below give you a general idea of the kinds of behavior that could be considered a violation of law as defined in RCW 18.130.180.

1. The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RC;
2. Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;
3. All advertising which is false, fraudulent, or misleading;
4. Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;
5. Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;
6. The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;
7. Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;
8. Failure to cooperate with the disciplining authority by:
 - a. Not furnishing any papers or documents;
 - b. Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
 - c. Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceedings; or
 - d. Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;
9. Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;



10. Aiding or abetting an unlicensed person to practice when a license is required;
11. Violations of rules established by any health agency;
12. Practice beyond the scope of practice as defined by law or rule;
13. Misrepresentation or fraud in any aspect of the conduct of the business or profession;
14. Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
15. Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
16. Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
17. Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96 RCW;
18. The procuring, or aiding or abetting in procuring, a criminal abortion;
19. The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
20. The willful betrayal of a practitioner-patient privilege as recognized by law;
21. Violation of chapter 19.68 RCW;
22. Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
23. Current misuse of:
 - a. Alcohol;
 - b. Controlled substances; or
 - c. Legend drugs
24. Abuse of a client or patient or sexual contact with a client or patient;
25. Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

If you want more information about the law regulating counselors or want to file a complaint, please write to: Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington, 98504 or call (360 236 4700).

