## PRINCETON LIFESTYLE MEDICINE ENROLLMENT CONTRACT

Name						
Address:						
Phone:		Email:				
Signature:		Date:				
accept paym	ent by Personal C	heck or Credit	Card. Please sel	ect the payment optio		
	Payment in F	ull of \$1800				
	Semi-Annual		00			
	Quarterly Pay	ments of \$450 (a	automatic payment	only via Credit Card)		
	Monthly Pay	ments of \$150 (ar	utomatic payment of	nly via Credit Card)		
	Initial payme	nt of \$450 for the	e first quarter follow	ed by Monthly Payments		
	of \$150 there		payment only via Cr			
or Dr. Franc	checks payable to e	after (automatic p  ither Kossow &  rovide your credi	Sandberg, MD, LI t card information b	cedit Card)  LC, Dr. Barbara Brown  below or you may call our		
or Dr. Franc	checks payable to e cis Rehor. You may p 555-3800. Please retur	after (automatic particle) ither Kossow & rovide your credition this contract al	Sandberg, MD, LI t card information bong with your chose	cedit Card)  LC, Dr. Barbara Brown  below or you may call our		
or Dr. Franc	checks payable to e cis Rehor. You may p 555-3800. Please retur	after (automatic p  ither Kossow &  rovide your credi	Sandberg, MD, LI t card information bong with your chose ad, Suite 201	cedit Card)  LC, Dr. Barbara Brown  below or you may call our		
or Dr. Franc	checks payable to e cis Rehor. You may p 555-3800. Please retur	ither Kossow & rovide your credit this contract al	Sandberg, MD, LI t card information be ong with your chose ad, Suite 201 J 08540	cedit Card)  LC, Dr. Barbara Brown  below or you may call our		
or Dr. France staff at 609-6	checks payable to e cis Rehor. You may p 555-3800. Please return	ither Kossow & rovide your credien this contract al Alexander Ros Princeton, N. ATTN: Keri	Sandberg, MD, LI t card information be ong with your chose ad, Suite 201 J 08540 Olivera	cedit Card)  LC, Dr. Barbara Brown  below or you may call our		

Once your contract and payment are received you will be contacted by our Lifestyle Medicine staff who will provide you with our private phone line and email information. They will be happy to schedule any appointments you may need. We look forward to working with you.

\*Each participant agrees that Dr. Kossow, Dr. Sandberg, Dr. Brown and Dr. Rehor's liability to any participant for noncompliance with any aspect of these Plans shall be limited to the amount of the most recent annual fee paid by the participant. Dr. Kossow, Dr. Sandberg, Dr. Brown and Dr. Rehor reserve the right to modify these Plans at any time as may be required by law. Dr. Kossow, Dr. Sandberg, Dr. Brown and Dr. Rehor may also terminate these Plans as necessary in its sole discretion at any time, in which event it will return a prorated portion of the annual fee to participants.

## HIPAA EMAIL/TEXT MESSAGE CONSENT FORM

- HIPAA stands for the Health Insurance Portability and Accountability Act. It was passed by the U.S. government in 1996 in order to establish privacy and security protections for health information. We offer HIPAA compliant, encrypted email through ProtonMail.
- We use text messages only to communicate with other doctors on your behalf. It is much easier to get a quick response from your specialists when we text them rather than calling if the issue is simple. We put as little personal information in a text as possible, but we do need to use your name and sometimes date of birth.

EMAIL Places initial and of the 2 antions

ENTAIL- Flease Illitial of	te of the 2 options.	
Sandberg to send me persunderstand email is only for up to 2 weeks if my	sonal health information via for non-urgent communication physician is out of the offi	ion to Dr. Kossow, Brown, Rehor, or HIPAA compliant, encrypted email. I on and may go unread for 2-3 days and ice. Urgent questions or messages and ed to be handled by calling our office
OR		
DO NOT ALLOW EMA	AIL: I do not wish to have	email communication
TEXTING (UNENCRY	(PTED)- Please Initial one	of the 2 options:
ALLOW TEXTING WITH	SPECIALISTS ON MY BEHA	LF:
OR		
DO NOT ALLOW TEXTIN	IG WITH SPECIALISTS ON M	Y BEHALF:
Signature	Date	Printed Name