

RELEASE INSTITUTE, INC. – PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Patient Name: _____ (hereinafter the "Patient")

Article 1: Agreement to Arbitrate: Patient hereby agrees and covenants that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review or arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided on a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or related to treatment or service provided by the physician including any spouse or heirs of the Patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "Patient" herein shall mean the mother and the mother's expected child or children. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim.

Article 3: Procedures and Applicable Law: A demand for arbitration must communicate in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law. Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Section 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure section 1283.05, however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: General Provisions: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in once proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the physician within 30 days, or signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is Effective (including, but not limited to, emergency treatment) patient should initial below:

Effective as of the date of first medical services. _____

Patient's or Patient Representative's Initials

If any provision if this arbitration agreement is held invalid of unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

By: _____

Patient's or Representative's Signature Date

Physician's or Authorized Representative's Date By: _____

Signature SHERRY YAFAI, MD Print or Stamp Name of MD



Sherry Yafai, M.D.

Medical Director at The ReLeaf Institute
1900 Avenue of the Stars, Suite 25
Los Angeles, CA 90067
310-475-2626

A signed copy of this document is to be given to Patient. Original is to be files in Patient's medical records.

Patient Information

Name _____ Date _____

Birth Date _____ Age _____ Email _____

Address _____

Telephone Number _____

Primary Care Doctor _____

Referral _____

Pain Scale Today? (1-10) _____

Health History _____

Prior Surgeries and dates _____

Medications _____

Allergies _____

Are you pregnant? _____ Last Period _____ Breastfeeding? _____

Occupation _____

Smoker (tobacco)? _____ Alcohol use _____

Who lives at home _____ Parent's names _____

Prior experience with Cannabis/CBD/THC? _____

Your goals for today's visit: _____

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www.thereleafinstitute.com
www.sherryyafaiMD.com

On Amazon Prime: <https://www.amazon.com/Cannabis-Your-Doctor-Jeremy-Norrie/dp/B07Z458DTJ>



Sherry Yafai, M.D.

Medical Director at The ReLeaf Institute
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Los Angeles, CA 90067
310-475-2626

CREDIT CARD AUTHORIZATION & CANCELLATION-POLICY ACKNOWLEDGEMENT

******* IF THE WRONG NUMBER IS PROVIDED YOU WILL BE CHARGED AN ADDITIONAL \$25 FEE *******

Our office requires that a credit card be kept on file for any late-cancellation charges or outstanding payments. This form will be kept strictly confidential, and only authorized staff has access to the information.

Patient's name: _____

Name as it appears on credit card: _____

Billing address: _____

Email address: _____

Card number: _____

Expiration date: ____/____

Verification Code (3 or 4 digits): _____

I acknowledge that a \$100 fee will be charged for any appointments cancelled less than 48 hours prior to the scheduled appointment. I acknowledge and authorize Dr. Sherry Yafai to charge the above credit card account for any fees or outstanding payments.

Cardholder Signature & Date

Sherry@MDreleaf.com
www.thereleafinstitute.com
www.sherryyafaiMD.com

On Amazon Prime: <https://www.amazon.com/Cannabis-Your-Doctor-Jeremy-Norrie/dp/B07Z458DTJ>