

Entity Registration Renewal Form and Instruction

Entity: A NEW LEAF (ENTITY RENEWAL) (MESA, AZ) | User: Brosengerg

[Help Center](#) | [Sign Out](#)

NATIONAL PRACTITIONER DATA BANK

NPDB

ENTITY REGISTRATION: RENEWAL

Review Your Information

Please verify your information is correct. See [Instructions](#) for more information.

Organization Description

Ownership:
Primary Function(s):
Allow Users to Query:
Eligibility/Statutory Authority:

Statutory Authority	Function
Title IV	Other Health
Section 1921	Other Health
Section 1128E	Other Health

Organization Information

Organization Name:
Department:
Address:

Phone Number:
EIN:
NPI:
Website:

1669681896
<http://www.turnernewleaf.org>

Public Burden Statement

OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: [Title IV of Public Law 99-660, Health Care Quality Improvement Act \(HCQIA\) of 1986](#), [Section 1921 of the Social Security Act](#), [Section 1128E of the Social Security Act](#), [Section 6403 of the Patient Protection and Affordable Care Act of 2010](#). The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0081 and it is valid until mm/dd/yyyy. This information collection is required to obtain or retain a benefit (45 CFR Part 60). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857.

Close

Review Your Information

Please verify your information is correct. Select Edit to change information in a section.

Organization Description

Edit

Ownership: A private sector organization, either for-profit or nonprofit
Primary Function(s): Mental Health Center/Community Mental Health Center
Allow Users to Query: Yes
Eligibility/Statutory Authority:

Statutory Authority	Function	Querying	Reporting
Title IV	Other Health Care Entity	Optional	Mandatory
Section 1921	Other Health Care Entity, including Professional Society	Optional	No Requirement
Section 1128E	Other Health Care Entity, including Professional Society	Optional	No Requirement

Organization Information

Edit

Organization Name: A NEW LEAF (ENTITY RENEWAL)
Department: CREDENTIALING
Address: 868 E UNIVERSITY DR
MESA, AZ 85203
Phone Number: (480) 969-4024
EIN: 860256667
NPI: 1669681896
Website: http://www.turnanewleaf.org

Certifying Official

Edit

Name: LYNNE HASTIE
Title: DIRECTOR OF QUALITY MANAGEMENT
Phone Number: (480) 733-3063 Ext. 4106
Email Address: Test_13681@testc-npdb.hrsa.gov
Employee ID: Not Provided
Point of Contact for Reports: LYNNE HASTIE, DIRECTOR OF QUALITY MANAGEMENT, (480) 202-8212

☐ The registration information is true, complete and correct.

User Accounts

Edit

If a user is no longer with your organization, edit this section and select the account to be deleted.

	Name	User ID	Email	Roles	Last Sign In
	PAGE MUSER	1PMuser	Test_405687@testc-npdb.hrsa.gov	Administrator, Query, Report, Billing Lookup	Apr 23, 2024
	VERONICA C PERSINGER	Brosengerg	Test_259666@testc-npdb.hrsa.gov	Administrator, Query, Report, Billing Lookup	Apr 27, 2026
	LYNNE HASTIE	LHastie1	Test_13681@testc-npdb.hrsa.gov	Administrator, Query, Report, Billing Lookup	Oct 1, 2025
	RACHEL MONTOYA	rmontoya	Test_230457@testc-npdb.hrsa.gov	Administrator, Query, Report, Billing Lookup	Apr 23, 2024

X = Accounts to be deleted | Total: 0

Caution: You Are Changing Your Organization's Description



Changing your organization's description may limit its access to certain types of NPDB reports.

Before you edit the description, please review the [Guidebook Section B "What is an Eligible Entity"](#) regarding eligibility to query according to the statutes. [Contact us](#) if you need more information.

Are you sure you want to edit the description?

Yes

No

ENTITY REGISTRATION: RENEWAL

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[Update User Accounts](#) > **Organization Description** > Statutory Authority > Organization Information > Certifying Official > Review Summary > Submit > Registration Status > Attestation

Select the best option for your organization

Who owns your organization?

- ☒ **A private sector organization, either for-profit or nonprofit**
Includes organizations receiving federal, state, or municipal funding or operating under contract
- ☐ **Federal government agency or entity**
e.g., Department of Veterans Affairs, FBI, HHS
- ☐ **State government agency or entity**
e.g., a state Medicaid agency or Department of Health
- ☐ **The District of Columbia or a U.S. Territory agency or entity**
e.g., Department of Health for D.C. or American Samoa
- ☐ **Local government agency or entity**
e.g., Department of Health for a county, city or township
- ☐ **An Indian Tribe or Nation**
An organization under the direct ownership of an Indian tribe, band, nation or other group or community recognized by the Bureau of Indian Affairs (BIA) of the United States

Exit

Continue

ENTITY REGISTRATION: RENEWAL



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- Update User Accounts
- >
- Organization Description
- >
- Statutory Authority
- >
- Organization Information
- >
- Certifying Official
- >
- Review Summary
- >
- Submit
- >
- Registration Status
- >
- Attestation

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or nonprofit

Which category best fits your organization?

- ☐ Hospital [Show description](#)
- ☐ Other Health Care Entity - a health care organization that is not a hospital* [Show description](#)
- ☐ Medical Malpractice Payer [Show description](#)
- ☐ Professional Society* [Show description](#)
- ☐ Private Entity Under Contract to Administer a Federal Health Care Program [Show description](#)
- ☐ Health Plan (including health networks and health systems) [Show description](#)
- ☐ Peer Review Organization [Show description](#)
- ☐ Quality Improvement Organization Under Contract With the Centers for Medicare & Medicaid Services (CMS) [Show description](#)
- ☐ Private Accreditation Organization [Show description](#)
- ☐ None Of These

* Must provide health care services directly or indirectly and follow a formal peer review process to further quality health care.

Your organization must follow a formal peer review process

Federal statutes require your type of organization to follow a formal peer review process to further quality health care. A formal peer review process is the conduct of professional review activities through formally adopted written procedures. It must provide for adequate notice and an opportunity for a hearing.

Does your organization follow a formal peer review process?

☒ Yes ☐ No

Continue

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- Update User Accounts
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Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or nonprofit

Best category for your organization [Edit](#)

Other Health Care Entity - a health care organization that is not a hospital

Is your organization also a health plan, health network or health system?

☒ Yes [Hide description](#)

A health plan is a plan, program, or organization that provides health care benefits, whether directly or through insurance, reimbursement, or otherwise. Health care organizations may be recognized as "health plans" if they meet the basic definition of "providing health benefits". [See examples of health plans](#)

☐ No

ENTITY REGISTRATION: RENEWAL



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- [Update User Accounts](#)
- >
- Organization Description**
- >
- Statutory Authority
- >
- Organization Information
- >
- Certifying Official
- >
- Review Summary
- >
- Submit
- >
- Registration Status
- >
- Attestation

Select the best option for your organization

Ownership [Edit](#)

A private sector organization, either for-profit or nonprofit

Best category for your organization [Edit](#)

Other Health Care Entity - a health care organization that is not a hospital

Is your organization also a health plan, health network or health system? [Edit](#)

No

Select your organization's primary health care-related function or service

Mental Health Center/Community Mental Health Center

[+ Additional primary function](#)

Statutory Authority and Requirements

You are registering your organization to query and/or report to the NPDB as an "eligible entity."

The statutes and regulations that govern and maintain NPDB operations include:

- Title IV of the Health Care Quality Improvement Act of 1986 (HCQIA), Public Law 99-660 (referred to as "[Title IV](#)");
- Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-93, codified as Section 1921 of the Social Security Act (referred to as "[Section 1921](#)"); and
- Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, codified as Section 1128E of the Social Security Act (referred to as "[Section 1128E](#)"); and
- [Section 6403](#) of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148).

The NPDB regulations implementing these laws are codified at [45 CFR Part 60](#). **Information from the NPDB is only available to entities specified as "eligible" in the statutes and regulations.**

Eligible entities are responsible for complying with all reporting and/or querying requirements that apply. Some entities may qualify as more than one type of eligible entity. Each eligible entity must certify its eligibility in order to report to the NPDB, query the NPDB, or both.

Your descriptions of your organization: [Edit](#)

- **Ownership:** A private sector organization, either for-profit or nonprofit
- **Type(s):** Other health care entity
- **Primary Function(s):** Mental Health Center/Community Mental Health Center

Your organization's eligibility to query and/or report, based on your descriptions

Statutory Authority	Function	Querying	Reporting
Title IV	Other Health Care Entity*	Optional	Mandatory
Section 1921	Other Health Care Entity, including Professional Society**	Optional	No Requirement
Section 1128E	Other Health Care Entity, including Professional Society	Optional	No Requirement

* Must provide health care services directly or indirectly and must follow a formal peer review process for the furthering of quality health care.

** Government hospitals and health care entities that qualify as one of the Federal or State agencies specified in this statute and regulations should select a Section 1921 and Section 1128E statutory authority for that type of agency in order to receive all information to which they are entitled.

☐ **The descriptions for my organization are accurate, and I confirm our eligibility under these statutory authorities.**
My organization will continue to comply with all NPDB requirements.

Will your organization query the NPDB?

☒ Yes ☐ No

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Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g., XYZ Pharmacy #123)
- Add any other names used by the organization, such as a Doing Business As name (DBA).

A NEW LEAF (ENTITY RENEWAL)

+ Add your DBA or other company name

Department

CREDENTIALING

What is the physical location of the organization?

Country

United States

Street Address

868 E UNIVERSITY DR

Street Address Line 2

Address Line 2

City

MESA

State

AZ Arizona

ZIP

85203

Phone Number

4809694024

Identification Numbers

EIN (Employer Identification Number) [What is an EIN?](#)

860256667

[Don't have an EIN?](#)

NPI (National Provider Identifier) [What is an NPI?](#)

1669681896

Company or Organization Website Address

http://www.turnanewleaf.org

ENTITY REGISTRATION: RENEWAL

[Privacy Policy](#) | [OMB Number: 0906-0081](#) [Expiration Date: mm/dd/yyyy](#)

[Update User Accounts](#) > [Organization Description](#) > [Statutory Authority](#) > [Organization Information](#) > **Certifying Official** > [Review Summary](#) > [Submit](#) > [Registration Status](#) > [Attestation](#)

Certifying Official

The certifying official is the individual selected and empowered by your organization to certify the legitimacy of the NPDB registration. One person may be both the account administrator and certifying official.

☒ I need to change the certifying official information

- ☒ Enter a new certifying official
- ☐ Make administrator LYNNE HASTIE (LHastie1) the certifying official
- ☐ Make administrator RACHEL MONTOYA (rmontoya) the certifying official
- ☐ Make myself the certifying official

Certifying Official's Information

Enter this person's name as it appears on their government-issued identification, such as a driver's license or passport.

First Name

First Name

MI

MI

Last Name

Last Name

Title

Title

Phone

Phone

Extension (Optional)

Ext.

Email Address

Email

Employee ID (Optional)

The certifying official will not automatically be given an online account. Once your organization is approved, the account administrator may create a user account for them.

Your Point of Contact on NPDB Reports

If your organization submits a report to the NPDB regarding an adverse action or medical malpractice payment, a point of contact is included on the report in case more information is needed. You may designate a specific person or office as the point of contact or let the system assign the person who submits the report as the point of contact.

Who should be contacted regarding reports your organization submits to the NPDB?

- ☐ Contact the person who submits the report
- ☐ Contact me, the administrator
- ☒ I will assign a specific person or office to contact

Name of person or office

LYNNE HASTIE

Title or department

DIRECTOR OF QUALITY MANAGEMENT

Phone

4802028212

Extension (Optional)

Ext.

[Exit](#)

[Continue](#)

ENTITY REGISTRATION: RENEWAL

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Update User Accounts

If the user is no longer with your organization, select the account for deletion. The account will be deleted after you submit your registration renewal to the NPDB.

	Name	User ID	Email	Roles	Last Sign In
☐	PAGE MUSER	1PMuser	Test_405687@testc-npdb.hrsa.gov	Administrator, Query, Report, Billing Lookup	Apr 23, 2024
☐	LYNNE HASTIE	LHastie1	Test_13681@testc-npdb.hrsa.gov	Administrator, Query, Report, Billing Lookup	Oct 1, 2025
☐	RACHEL MONTOYA	rmontoya	Test_230457@testc-npdb.hrsa.gov	Administrator, Query, Report, Billing Lookup	Apr 23, 2024

User Accounts to be deleted: 0

Exit

Continue

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Name of your federal agency	Entity Registration (Renewal Update) – Select the best option for your organization	Below “Federal government agency or entity” radio button	Drop List	The field is displayed if the user selects the option “Federal government agency or entity” for “Who owns your organization?”	This is only displayed if the user choose to edit the Organization Description.
Is your organization also a health plan, health network or health system?	Entity Registration (Renewal Update) – Select the best option for your organization	Below “Best category for your organization”	Radio buttons	The fields are displayed if the user selects a category that has a secondary category for registration. Radio buttons are “Yes” and “No.”	This is only displayed if the user choose to edit the Organization Description. The label for the secondary category is dynamic and is dependent on the user’s selection for the primary category (i.e., the “Best category for your organization.”

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Select up to 4 additional functions or services	Entity Registration (Renewal Update) – Select the best option for your organization.	Below drop list “Select your organization’s primary health care-related function or service	Check Boxes	The fields are displayed if user selects the link “Add a function”	This is only displayed if the user choose to edit the Organization Description. Selecting the link displays all relevant functions that apply to the registration category and secondary category selected by the user.
Description	Entity Registration (Renewal Update) – Select the best option for your organization.	Below checkbox for relevant checkbox selection	Text Entry	The field is displayed if the user selects a function that requires a description.	This is only displayed if the user choose to edit the Organization Description.
NPI (National Provider Identifier)	Entity Registration (Renewal Update) – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has an NPI.	This is only displayed if the user choose to edit the Organization Description.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
CCN (CMS Certification Number)	Entity Registration (Renewal Update) – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has a CCN	This is only displayed if the user choose to edit the Organization Description.
ORI (Originating Agency Identifier)	Entity Registration (Renewal Update) – Organization Information	Below Identification Numbers	Text Entry	The field is displayed if the user selects a registration category or secondary category that has an ORI.	This is only displayed if the user choose to edit the Organization Description.
Name of person or office	Entity Registration (Renewal Update) – Your Point of Contact on NPDB Reports	Below the radio button “I will assign a specific person or office to contact”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	This is only displayed if the user choose to change the description for their organization or selected the Edit link in the Certifying Official section on the Review Your Information page. Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Title or department	Entity Registration (Renewal Update) – Your Point of Contact on NPDB Reports	Below “Name of person or office”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	This is only displayed if the user choose to change the description for their organization or selected the Edit link in the Certifying Official section on the Review Your Information page. Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Phone	Entity Registration (Renewal Update) – Your Point of Contact on NPDB Reports	Below “Title or department”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	This is only displayed if the user choose to change the description for their organization or selected the Edit link in the Certifying Official section on the Review Your Information page. Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Extension (optional)	Entity Registration (Renewal Update) – Your Point of Contact on NPDB Reports	Beside “Phone”	Text Entry	The field is displayed if the user selects the radio button for “I will assign a specific person or office to contact.”	This is only displayed if the user choose to change the description for their organization or selected the Edit link in the Certifying Official section on the Review Your Information page. Selecting the checkbox displays Name of person or office, Title or department, Phone, and Extension text entry fields.

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0906-0081 Expiration Date: mm/dd/yyyy	Entity Registration (Renewal Update)	Modal	When the user selects the link the modal is displayed with the public burden statement content.
Caution: You Are Changing Your Organization's Description	Entity Registration (Renewal Update)	Modal	This modal is displayed when the user selects the Edit link on the Review Your Information page under Organization Description. If the user selects the Yes button, the page "Select the best option for your organization" is displayed and the radio button is preselected.
Edit	Entity Registration (Renewal Update)	Link	On the Review Your Information page under Organization Information, when the user selects the "Edit" link, the form for Organization Information page is displayed and prefilled. Form fields are Department, Country, Street Address, Street Address Line 2, City, State, ZIP, Phone Number, EIN (Employer Identification Number) and Company or Organization Website Address. The user can change the information.
Edit	Entity Registration (Renewal Update)	Link	On the Review Your Information page under Certifying Official, when the user selects the "Edit" link, the form for Certifying Official page is displayed and prefilled. Form fields are First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID. The user can change the information for Title, Phone, Extension, Email Address and Employee ID.

Label	PDF Name	Item Type	Trigger
I need to change the certifying official information	Entity Registration (Renewal Update)	Check Box	On the Certifying Official page, selecting the checkbox displays radio button selections. • Enter a new certifying official • Make myself the certifying official • Make administrator (name and User ID of another administrator user account) the certifying official If the user is currently the certifying official, then Make myself the certifying official is preselected. If the user is the only administrator for the organization's account, then "Make admin Make administrator (name and User ID of another administrator user account) the certifying official" is not displayed. Otherwise, a radio button is displayed for all administrator accounts for the organization, except the user's account.
First Name	Entity Registration (Renewal Update)	Text Entry	Selecting the radio button "Enter a new certifying official" displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.
MI	Entity Registration (Renewal Update)	Text Entry	Selecting the radio button "Enter a new certifying official" displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.
Last Name	Entity Registration (Renewal Update)	Text Entry	Selecting the radio button "Enter a new certifying official" displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.

Label	PDF Name	Item Type	Trigger
Title	Entity Registration (Renewal Update)	Text Entry	Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.
Phone	Entity Registration (Renewal Update)	Text Entry	Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.
Extension	Entity Registration (Renewal Update)	Text Entry	Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.
Email Address	Entity Registration (Renewal Update)	Text Entry	Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.
Employer ID	Entity Registration (Renewal Update)	Text Entry	Selecting the radio button “Enter a new certifying official” displays the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.
Make myself the certifying official	Entity Registration (Renewal Update)	Radio Button	Selecting the radio button “Make myself the certifying official” hides the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.
Make administrator (name and User ID of another administrator user account) the certifying official	Entity Registration (Renewal Update)	Radio Button	Selecting the radio button “Make administrator (name and User ID of another administrator user account) the certifying official” hides the form with First Name, MI, Last Name, Title, Phone, Extension, Email Address and Employee ID.

Label	PDF Name	Item Type	Trigger
Edit	Entity Registration (Renewal Update)	Link	The User Accounts section on the Review Your Information page is only displayed for Renewal. When the user selects the Edit link, the page to Update User Accounts is displayed with list user accounts for the organization. The user can select accounts to delete if applicable. On selection of Exit or Continue, the user is returned to the Review Your Information page with any accounts selected for deletion noted on the table.
Your organization must follow a formal peer review process	Entity Registration (Renewal Update)	Modal	This modal is displayed if the user selected the Edit link for Organization Description and selects "Other Health Care Entity" for "Which category best fits your organization?" on the page "Select the best option for your organization."