



INTEGRATIVE ACUPUNCTURE

Treatment Terms and Conditions

The following are specific policies that will govern our work together:

Cancellation Policy

In the event that you must cancel an appointment, please give us the courtesy of as much notice as you can, but at least 24 notice. We will try to reschedule your appointment for the same week so that you don't miss your treatment. You will be charged the full fee for your session if you do not show up for your appointment or cancel your appointment with less than 24 hours notice (1 full day).

Lateness Policy

If you are going to be late, please call and let us know as soon as possible. We want to make sure all of our patients receive the time and attention they need and deserve. We schedule appointments close together, so if going to show up more than five minutes late we may have to reschedule. Please work with us, and your fellow patients by arriving for your appointments on time.

Phone Calls and Emails

You may phone or email us when necessary and we will respond as soon as possible, or within 24 hours. We are generally unavailable on weekends. Except for emergencies, phone and email contacts are limited to 10 minutes of our time. All contacts that require beyond 10 minutes of our time are considered session work and will be billed a flat rate of \$35.

Confidentiality and Privacy Practices

As a health care provider, we are required by law to maintain and protect the confidentiality of your health information. You must give us written consent to waive this confidentiality. Exceptions to this rule are strictly limited to defined situations that include emergency care, quality assurance activities, public health, research, law enforcement activities, obtaining payment from third-party payers, and in consultation with other healthcare professionals. Any other disclosures for the purposes of treatment, payment or practice operations will be made only after obtaining your consent. Your rights to privacy regarding your protected health information:

- You may request restrictions on your disclosures.
- You may inspect/receive copies of your records within 30 days with a request.
- You may request to view changes to your records.

Please note that we may contact you for appointment reminders, birthdays & seasonal greetings, announcements and to inform you about our practice and its staff. A more complete description of our privacy practices can be requested.

Fees

It is our policy that you pay the entire session fee or co-pay at the time of each session. If you would like to arrange another payment option, please discuss it with us. We will provide a minimum of one month's notice of any changes to our fees.

We are partners in your healthcare.

Your participation in your healing process is crucial. Our goal is to get you well as soon as possible, which requires that you apply our health recommendations and comply with our treatment plan.

Agreement

I have read and understood the clinic's policies. I agree to the all of the above treatment terms and conditions.

Signature: _____ Date: _____