We reserve the right to charge a **$50.00 fee for first time no show or cancellations with less than 24-hour notice**. Afterwards, you will be charged **full price** of treatment unless you have proof of an emergency.

Please be aware that we **DO NOT** take health insurance. You are responsible for all charges at the time of your visit.

If this consultation/treatment is involved in lawsuits or legal matters, please **STOP HERE**

**Please note that we do not handle:**

* + Workers' compensation
	+ Car accidents
	+ Lawsuits
	+ Claims for Social Security Disability

We would like to clarify that we are not medical doctors and therefore do not provide medical diagnoses for patients. Our specialization is in acupuncture and Chinese herbs.

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Receipt of Privacy Notice**

I understand and have reviewed the *Notice of Information Practices* that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

• The right to review the notice prior to signing this consent.

• The right to object to the use of my health information for directory purposes.

• The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations.

**Patient or legally authorized individual signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name if signed on behalf of the patient Relationship (parent, legal guardian)**