Dear Valued Patient,

 **This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected. We only share medical information with other health care providers not your name (unless insurance is involved). We do this to assist others that may have similar conditions to yours. We also obtain help for you in this way.**

 **Insurance companies, when involved, require more comprehensive information.**

**In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company.**

***Safeguards in place at our office include:***

» Limited access to facilities where information is stored.

» Policies and procedures for handling information.

« Requirements for third parties to contractually comply with privacy laws.

• All medical fifes and records are kept on permanent file,

(including email, regular mail, telephone, and faxes sent)

***Types of information that we gather and use:***

**In administering your health care, we gather and maintain information that may include**

**non-public personal information.:**

» About your financial transactions with us (billing transactions).

• From your medical history, treatment notes, all test results, and any letters, faxes,

emails or telephone conversations to or from other health care practitioners,

• From health care providers, insurance companies, workman's comp and your employer,

and other third part administrators (e.g. requests for medical records, claim payment

information).

• Your patient history may be used and/or shared with other practitioners for the purpose

of education, however, we will never share your personal information (such as your

name, address, or any other identifying information).

**You are able to access and correct personal information we have collected about you in person.**

**We value our relationship, and respect your right to privacy.**

***I have read and understand the HIPPA Privacy Protection Policy for Ancient Art Acupuncture***

*X*  Date */ / .*

 **Patient's Name (Printed) Patient's Signature**

X Date: */ /* .

**Witness Name (Printed) Witness Signature**

 **Informed Consent**

By signing below, I do hereby voluntarily request and consent to the performance of Acupuncture and other related therapies at the discretion of the Practitioner, Joseph Beardsley and/or Emily Crouch. I release any responsibility from her and accompanying parties from any issues related and/or unrelated to the care given by this individual. If I have a life-threatening illness or a medical emergency, I should seek immediate assistance from a hospital. Acupuncture, Oriental Medicine and are a system based on strengthening the whole person and is not practiced as a form of emergency medicine in the United States

Acupuncture: I understand that Acupuncture is performed by the insertion of sterile (single-use), disposable needles through the skin and/or by the application of heat to the skin at certain points on or near the surface of the body in an attempt to treat bodily dysfunctions, diseases, injuries and illnesses and restore homeostasis. I am aware that there is some risk of adverse side-effects such as but not limited to: local bruising, mild bleeding, fainting, pain or discomfort, and the possible aggravation of my currently existing symptoms. I understand that there are no guarantees regarding its use or effects.

Most injuries are the result of sudden/fast movements by the patient during the treatments. It is important to relax during all treatments as this allows you to receive the greatest benefits. No big/fast movements, please! Needles are inserted LESS than 1/2 inch into the body and are not generally a problem. If uncomfortable, say so! Generally, one can move some, but shouldn't flex or tense muscles too much as this may cause pain.

It is important to eat before receiving treatments as patients may experience "needle sickness" that is similar to the Vagal Reflex (as when one gives blood and goes into shock.) This usually passes in minutes. Typical symptoms are: loss of color, sweating, light-headedness, fainting, nausea, etc. Although this does not happen to everyone or every time.

I understand that to receive the greatest medical benefit, I should follow the course of treatments, adapt lifestyle and/or nutritional recommendations and meet at regular intervals for treatments.

x x



 Patient Name (Printed Please) Patient Signature

 Date:\_\_\_\_\_\_\_\_\_