

Lifted Heart Healing Arts Acupuncture, P.C.
NOTICE OF PATIENT PRIVACY PROTECTION

Lifted Heart

This notice describes how medical information about you may be used and disclosed and how you can access this information for yourself. Please review this document carefully. Lifted Heart Healing Arts Acupuncture, P.C. (LHHA) is required, by law, to maintain the privacy and confidentiality of protected health information and to provide patients with notice of legal duties and privacy practices with respect to protected health information.

Disclosure of your Health Care Information

Treatment

We may disclose your health care information to other health care professionals within our practice for the purpose of better treatment, payment, or other healthcare operations. For example, on occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with LHHA.

Please be advised that, on occasion, despite best efforts on our part, health care information may be inadvertently disclosed in the process of consultation and treatment.

Worker's Compensation

We may disclose your health information in legal compliance with State Worker's Compensation Laws.

Emergencies

We may disclose your health information to help notify a family member, or another person responsible for your care about your medical condition in case of emergency.

Public Health

As required by law, we may disclose information about you related to: Preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure.

Judicial and Administrative Proceedings

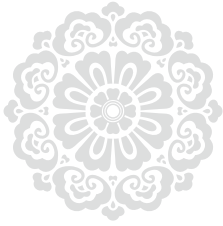
We may disclose your health information in an administrative or judicial proceeding.

Law Enforcement

We may disclose your health information to law enforcement officials for the purposes of identifying or locating a suspect, fugitive, material witness or missing person in compliance with a court order or subpoena and other law enforcement purpose.

Deceased Persons

We may disclose your health information to coroners or medical examiners.



Lifted Heart Healing Arts Acupuncture, P.C.
NOTICE OF PATIENT PRIVACY PROTECTION

Public Safety

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

Specialized Government Agencies

We may disclose your health information for military, national security, prisoner and government benefit services.

Scheduling of Appointments

We may call your home or cell phone number or send an email message to confirm a scheduled appointment(s). If you are not at home, we may leave a reminder message on your answering machine or with the person who answers the phone.

No personal health information will be disclosed in this phone call or email message other than the date and time of your appointment and a request to call the office if you need to reschedule.

Change of Ownership

In the event that LHHA, P.C. is sold or merged with another organization, your health information and record will become the property of the new owner.

Your Health Information Rights

You have the right to request restrictions on certain issues and disclosures of your health information. Please be advised, however that LHHA is not required to agree to the restriction you have requested.

You have the right to have your health information communicated through an alternative method or sent to an alternative location other than the usual delivery, upon request.

You have the right to inspect and copy your health information or make this request.

You have the right to request that LHHA amend your protected health information.

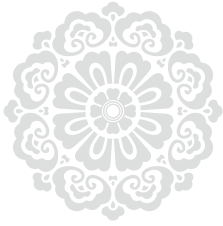
Please be advised however that LHHA is not required to agree to amend this. If your request to amend your health information is denied, you will be provided an outline of the denial reasons and information about how you can disagree with the denial.

You have a right to receive an accounting of disclosures of your protected health request.

You have the right to a paper copy of this Notice of Patient Privacy Protection.

Changes to this Notice of Privacy Practices

Lifted Heart Healing Arts Acupuncture reserves the right to amend this notice at any time in the future, and will make new provisions effective for all information that it maintains. Until such amendment is made, LHHA is required to comply with this notice.



Lifted Heart Healing Arts Acupuncture, P.C.
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I, _____, have read, reviewed, understand, and agree to the statement of Patient Privacy Protection for healthcare services in this office.

As required by the Privacy Regulations, I am aware that Lifted Heart Healing Arts Acupuncture, P.C. has included a provision that reserves the right to change the terms of this notice and to make a new notice of provisions effective for all protected health information that it maintains.

Signature

Date

AGREEMENT FOR PAYMENT

I, _____, have read, reviewed, understand, and agree to the following terms for payment of services in accordance with the policies of this office. I acknowledge and accept responsibility for any and all office fees and agree to pay.

INITIAL BELOW: Self Pay OR Insurance Billing

_____ **Self Pay.** Payment prior to each session. Initial treatment \$350 dollars, follow up \$175. This amount is payable either by cash, credit card or check made out to Leah Sasha Schwartz. FSA and HSA funds can also be applied towards Acupuncture sessions. Receipt up on request.

_____ **Insurance Billing.** My policy was verified to have the following Acupuncture benefits:

\$_____ yearly deductible, once met \$_____ patient responsibility, _____ visits per year. Insurance billing rates are usual and customary. I am responsible for any office fees, which my insurance company will not cover.

***I understand the cancellation /change policy of this office to be 48 hours notice prior.*
Failure to do this will result in my credit card being charged in full for the office visit fee.**

I understand any outstanding amounts owed are non-refundable and I authorize,

Card Number _____ Exp Date _____ CCV _____

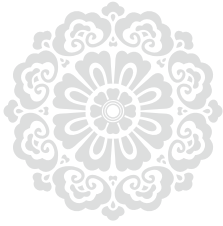
With full understanding and agreement of the above mentioned policies for payment,

Signature

Date

Practitioner

Date



Lifted Heart Healing Arts Acupuncture, P.C.
CONSENT FOR ACUPUNCTURE

I, _____, residing at _____

in consideration of the acupuncture therapy to be rendered to me by the employees of Lifted Heart Healing Arts Acupuncture, State of New York, agree not to hold the above mentioned clinic or its owners, employees, individually or collectively responsible for injuries or complications which may be sustained by me in the course of such therapy.

Potential risks of acupuncture, cupping, moxabustion and gua sha may include pain and discomfort at the site of needle insertion, bruises, burns, weakness, fainting, and nausea.

Potential benefits of acupuncture include relief of presenting symptoms and improved balance of bodily energies which may lead to elimination of the presenting problem.

It is my responsibility to fully inform my Acupuncture provider of any and all current and previous medical conditions as well as the current use of pharmaceutical and / or recreational drugs or alcohol use. Failure to do so may adversely impact the efficacy of my treatment.

I understand that treatment is contingent upon having a current primary health care physician and assume full responsibility for consulting with my primary care physician regarding the condition for which I seek acupuncture treatment.

Initials: _____

I have read all the terms of this instrument and understand that I am signing a complete release and bar to any claims resulting from therapy and treatment herein described. In witness whereof, I, the undersigned, execute this release at Lifted Heart Healing Arts,

Signature

Date

Witness

Date