

FINANCIAL POLICY

Payment is due at the time of treatment. We accept checks or cash but are unable to take credit cards. Please make checks out to the acupuncturist administering your treatment for the day: Anne Drogin, Jessica Schwartz, Yuliya Bratnikov and Harvmit Huang.

We make every attempt to make acupuncture available to as many people as possible at the most affordable rates. In respect for this, we ask for 24 hours notice in advance of an appointment if it is necessary to cancel or reschedule an appointment.

All appointments that are rescheduled or cancelled with less than 24 hours advance notice, and appointments missed without notice, will be charged \$25 for that appointment. Thank you for your understanding.

I agree to the above policy.

Signature _____ Date _____

SPECIAL PRIVACY NOTICE and FRAGRANCE-FREE ENVIROMENT FOR GROUP TREATMENT (Community Acupuncture)

Because patients are in such close proximity during treatment, it is very important that we all make an effort to respect one another's privacy. Ways we can do this are to keep our voices to a whisper and refrain from speaking about what we have seen or heard about another's treatment to anyone else.

Fragrance Free Environment for Treatment Room

Allergic and asthmatic patients, as well as those with other conditions, report that certain odors, even in the smallest amounts, can cause negative effects. Due to a number of individuals who suffer from chemical sensitivity we request that you refrain from wearing perfume, cologne and other fragrances, and use unscented personal care products during the day of your treatment in order to promote a fragrance-free environment.

Privacy Consent for Group Treatment

I consent to receive acupuncture treatment from Licensed Acupuncturists in a group setting, Anne Drogin, Jessica Schwartz, Yuliya Bratnikov and Harvmit Huang. I understand that it is more difficult to maintain complete privacy in this setting and that it is possible that other people will overhear conversations between me and my acupuncturist. I understand that I can choose not to mention, or have my acupuncturist not mention, any sensitive health information in the group treatment room. This sensitive information can be addressed in writing or in private. I understand that my written health record will remain confidential regardless of the setting in which I am treated.

Signature _____ Date _____