

Acupuncture & Herbal Healing Center



Ashley Will, LAc, DOM / Devon Linton, LAc, DOM

www.acuherbalheal.com

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Some advice to get the most benefit from your acupuncture treatments:

Before you come for your acupuncture visit:

Print & fill out new patient forms from our website or arrive 10 minutes early to fill them out. This prevents us from cutting into your treatment time. Allow 1-1.5 hours for your initial exam & treatment. Follow ups are usually 45-60 mins.

If extensive, bring a list of all medications and supplements you are taking.

Please do not wear any perfume or scented lotions or smoke before your visit for our environmentally sensitive patients/providers.

If possible, wear loose clothing that you could roll up sleeves or pant legs for accessibility. Otherwise, we may ask you to disrobe if the area to be treated is difficult to access. We have sheets and blankets in the treatment rooms for proper draping.

Have a light meal or snack sometime before the visit. Acupuncture while fasting could cause light headedness. Large meals right before a treatment are not optimal for qi flow. We advise against caffeine prior to your visit as it decreases the results of acupuncture for pain relief. We recommended skipping or decreasing your morning coffee/tea the day of your treatment. Also, no recreational drugs or alcohol use prior to care.

Drink plenty of water following the treatment.

Get ready to relax! Acupuncture is surprisingly relaxing and restorative.

New Patient Intake Form

Patient Name _____ Age _____ Male / Female
Date of Birth ____/____/____ Height _____ Weight _____
Address _____
City _____ State _____ Zip _____
Cell Phone (_____) _____ - _____ E-mail _____
Employer _____ Occupation _____
Social Security # (if a VA referral) _____
How did you hear about us? _____

Emergency Information

Please indicate who to notify in case of emergency.

Name _____ Phone (C) (_____) _____ - _____
Relationship _____

List anyone you would like to allow to access your medical information if necessary (such as a spouse or child):

Chief Complaint(s):

Other Complaint(s):

List any medications (prescription or over the counter) being taken (include condition taken for)

Are you allergic to any of the following? If yes, please specify)

- Medicine
- Food
- Herbs
- Others

Do you have or are you any of the following? (Please note all reports are kept confidential)

- Pacemaker
- Electric Implants
- Metal Implants
- Severe Bleeding Disorders
- Other contagious disease
- Pregnant
- HIV Positive
- Hepatitis A/B/C
- Tuberculosis

Financial Policy

1. All payments must be made at the time of service unless otherwise agreed upon. If using insurance, please note that verification of benefits is not guaranteed coverage. If your claim is denied you will be responsible for paying for the visit in full. Also, please note that if you have a deductible to meet you will be required to pay at time of service until your deductible is met and your copay or coinsurance comes into effect. We do our best to estimate coinsurances and it is our policy to collect copays/coinsurances at time of service. Note that your plan may have an annual visit limit or care may be limited to certain conditions (ie, Cigna typically only covers for neck pain, back pain, knee pain, migraines, dental pain and nausea).

2. **Cancellation policy:** We ask that you please provide 24-hour notice if you cannot make it to your appointment to avoid a \$30 cancellation fee which may be charged to your card on file.

3. Please note we use a secure medical software system that stores your credit card information for future use, and we will charge your card on file after each visit unless you instruct us not to. This streamlines the checkout process so we can spend more time focusing on your care. If you need to update or change your card on file, simply notify your healthcare provider at the time of service. Our billing company will mail out statements for any overdue outstanding balances. If you do not respond, your card on file may be charged to settle your account. If your card on file does not work, you will be sent to collections. At any time, feel free to contact us or our billing company, CMC billing, with any questions about insurance charges. Thank you.

Fee Schedule if paying at time of service:

Initial Evaluation (appx 1 hour) \$175.00 (\$75 initial exam fee + \$100 treatment fee)

Follow-up session (appx 1 hour) \$100.00

Please sign that you have read and understand our financial policy (above) + consent to treat + HIPPA policy (Please see copies of the consent & HiPPA policy located at the bottom of the clipboard for your review. Copies can be given upon request)

Print Name: _____

Patient Signature: _____ **Date:** _____

Acupuncture Informed Consent to Treat

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for Devon Linton, Lac, DOM & Ashley Will, LAc, DOM

Please note that all of our services are generally recognized as safe and side effects or injuries are rare but we need to fully inform you of any potential risks involved with our services and obtain your consent before any services are performed.

Thank you.

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of Chinese medicine on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated above and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named above, including those working at the clinic or office listed above or any other office or clinic, whether signatories to this form or not. I understand that methods of treatment within the scope of Chinese medicine may include, but are not limited to, acupuncture, including the use of acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridian, use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians, moxibustion, acupressure, cupping; dermal friction technique; infra-red; Sono puncture; laser puncture; dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements; breathing, relaxation, and East Asian exercise techniques; Qi Gong; East Asian massage and Tui Na, which is a method of East Asian bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and superficial heat and cold therapies. I understand that the herbs are typically in pill form but on occasion may need to be prepared and the teas consumed (or applied on the skin) according to the instructions provided orally and in writing. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption or application of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness, fainting or needle sickness. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruise like marks are a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax), and broken needle. Infection is another possible risk, although the clinic uses sterile disposable needles and lancets and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. I will notify a clinical staff member who is caring for me if I am or become pregnant. Patients with severe bleeding disorders, pacemakers, diabetes, contagious diseases, lymphedema or if pregnant must inform practitioners prior to any treatment. While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed regarding cure or improvement of my condition.

I hereby release Acupuncture & Herbal Healing Center, LLC and its practitioners from any and all liability which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that the acupuncturist is not providing allopathic medical care, and that I should look to my allopathic primary care practitioner (i.e. MD) for those services and for routine check-ups. I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

-- PLEASE REVIEW IT CAREFULLY & SIGN BELOW --

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health providers. An example of this would include a physician examination.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identifiable health information by removing all references to individually identifiable information.

We may contact you to provide appointments reminders or information about treatment alternatives or other health – related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your authorization. You may revoke such authorization in writing, and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

To have the following rights with respect to your health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information. Including those related to disclosures to family members, other relatives, close personal friends, or any person identified by you. We are however, not required to agree to a request restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosure of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of June 10, 2002, and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of the notice of the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Updated HIPPA Privacy Practices / Effective Date: February 16, 2026

This Notice is effective as of the date stated above and supersedes any prior notices. We reserve the right to revise this Notice and make the new provisions effective for all protected health information we maintain, including information created or received prior to the effective date of the revised Notice.

HIPAA Notice of Privacy Practices Your Information. Your Rights. Our Responsibilities

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO EXERCISE YOUR RIGHT TO GET COPIES OF YOUR RECORDS AT LIMITED COST OR, IN SOME CASES, FREE OF CHARGE
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY, OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION, INCLUDING YOUR RIGHT TO INSPECT OR GET COPIES OF YOUR RECORDS UNDER HIPAA
- YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH OUR PRIVACY OFFICER, IF YOU HAVE ANY QUESTIONS.

Your Rights When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health record:

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information within thirty (30) days of your request. In limited circumstances, we may extend this timeframe by up to thirty (30) additional days if we provide you with a written explanation of the delay within the initial thirty (30) day period. We may charge a reasonable, cost-based fee that includes only the cost of: (i) labor for copying the protected health information (PHI) requested; (ii) supplies for creating the paper copy or electronic media; (iii) postage when the individual requests the copy be mailed; and (iv) preparation of an explanation or summary if agreed to by the individual. We will provide the first copy of medical records free of charge if requested for the purpose of supporting a claim or appeal for Social Security or veterans' disability benefits and as otherwise required by law.
- Ask us about your right to access, inspect, and obtain a copy of your health record and other health information, at limited cost or, in some cases, free of charge; and your right to have us send an electronic copy of health records and other health information in an electronic health record to another person or entity.

Ask us to correct your health record:

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may deny your request only for specific reasons permitted by law, and we'll tell you why in writing within sixty (60) days (or within ninety (90) days if we notify you in writing within the first sixty (60) days that we need additional time). You have the right to submit a written statement disagreeing with the denial, which we will include with your records.

Request confidential communications:

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We must accommodate all reasonable requests without requiring you to provide an explanation, particularly if you indicate that disclosure could endanger you.

Ask us to limit what we use or share:

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, except in the limited circumstance described in the next paragraph, and we may deny your request if it would affect your care. If we do agree to your request, we will comply with your request unless the information is needed to provide you with emergency treatment.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or health care operations with your health insurer. We must agree to your request except where we are required by law to make a disclosure.

Get a list of those with whom we've shared information:

- You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make, disclosures to you or your personal representative, disclosures for national security purposes, disclosures to correctional institutions or law enforcement officials, disclosures that are part of a limited data, disclosures made prior to the HIPAA compliance date, disclosures made pursuant to an authorization, and disclosures for facility directories or to persons involved in your care). We'll provide one (1) accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within twelve (12) months. The accounting will include the date of the disclosure, the name and address of the recipient, a brief description of the information disclosed, and the purpose of the disclosure

Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you:

- If you have given someone health care power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- Unless you are an emancipated minor or there is another law granting you legal authority to make your own healthcare decisions, your parent or legal guardian will make decisions regarding your health information.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the beginning of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Discuss this notice of privacy practices

- You have the right to discuss this notice of privacy practices or our privacy practices with the Privacy Officer listed at the top of this notice.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions in accordance with applicable law. If you do not tell us that you have a preference, or that you want to limit what we can share, we may share your information in the circumstances described below using our professional judgment concerning your best interests.

In these cases, you have both the right and choice to tell us to limit how we may:

- Share information with your family, close friends, or others involved in your care or payment for your care, including following your death.
- Share information in a disaster relief situation.
- Include your information in a facility directory (if applicable to our practice). If you are not able to tell us your preference, for example, if you are unconscious or in an emergency situation, we may share your information if we determine, in our professional judgment, that doing so is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission (in the form of a HIPAA-compliant authorization):
 - Marketing purposes
 - Sale of your information
 - Most sharing of psychotherapy notes
 - Other instances that require written permission

In many cases, written permission will require certain elements to be included in a document you sign that is called a "HIPAA Authorization". We will let you know when such a document is needed. You can always ask us about this as well. In the case of fundraising: We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you. Example: We may share your information with a doctor who is treating you.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services. We may also share your health information with our business associates that help us in performing services that involve your health information, such as our attorneys, accountants, billing company, and others.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for your services.

Appointment Reminders and Health-Related Benefits and Services

We may use your health information, as necessary, to contact you to remind you of your appointment, and inform you about treatment alternatives or other health-related benefits and services that may be of interest to you. Let us know if you do not want us to use your health information for these purposes or if you want to limit how we use your information.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- Other situations as permitted or required by law

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services, if it wants to see that we're complying with federal privacy law or other governmental agencies as required by law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Incidental Uses and Disclosures In the course of providing services to you and other patients, there may be incidental uses and disclosures of your health information. We will implement reasonable safeguards to limit such uses and disclosures. Example: During your treatment or in the waiting area, other patients may overhear a discussion of your health information.

No Protection After Disclosure to Others

We protect your health information while we have it. Sometimes, we may share your information with people or organizations that do not have to follow HIPAA, such as family members or others you choose. Once we share your information with someone who is not required to follow HIPAA, it may no longer be protected by HIPAA and could be shared again.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will notify you without unreasonable delay, and in no case later than 60 days after discovery, if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information, other than as described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. You can use the contact information at the beginning of this notice.

For more information, see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website if applicable. We will provide you with the revised notice by posting it in our office and on our website if applicable, and we will provide you with a copy of the revised notice upon your next service delivery date following the revision or upon request.

SUD Treatment Information. If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order. If we create or maintain records subject to 42 CFR Part 2 and intend to use or disclose those records for fundraising for our benefit, we will first provide you a clear and conspicuous opportunity to opt out of receiving fundraising communications.

Notice Regarding Additional State and Federal Law Protections

There are certain types of highly confidential information that are specifically addressed in certain federal and state laws and regulations, which further restrict the use and disclosure of this type of highly confidential information. This highly confidential information, including alcohol and substance abuse treatment information (including but not limited to SUD records protected under 42 C.F.R. Part 2), HIV and sexually transmitted disease-related information, mental health information, psychotherapy information, genetic information, and pregnancy of minors, as well as some other sensitive information, is considered so sensitive that some federal and applicable state laws provide special protections for it. All uses or disclosures of such highly sensitive information must meet the requirements of such applicable law. Therefore, there may be greater protections under applicable law for such highly sensitive information. As mentioned above, please note that State confidentiality laws may impose additional or different requirements beyond HIPAA and Part 2.

If you have questions or concerns about the ways this type of highly confidential information may be used or disclosed, or if you wish to request restrictions on the use or disclosure of such information, please contact us at any time. You also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights (OCR) if you believe your privacy rights have been violated. OCR complaints can be filed online at www.hhs.gov/ocr/privacy/hipaa/complaints/, by mail, or by phone at 1-800-368-1019. You will not be retaliated against for filing a complaint.