

ACUPUNCTURE & HERBAL WORKS

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Welcome to Acupuncture & Herbal Works. This is considered confidential and privileged communication.

Date _____ Name _____
Address _____ City _____ State _____ Zip _____
Phone # (H) _____ (W) _____ (Cell) _____
Email Address _____
Age _____ Date of Birth _____ Ht _____ Wt _____ Marital Status _____
Occupation _____ Employer _____
Type of Work Active On Feet Desk Computer Physical Bending Lifting Other _____
Spouse Name _____
Primary Physician _____ Referred by _____
Emergency contact: Name _____ Phone _____

Consent for Treatment

Acupuncture and/or auricular (ear) staples, tacks, or seeds carry a risk of infection. Acupuncture may cause a small amount of bleeding, bruising, slight discoloration, or a small bump at the site of treatment. Fainting needle sickness is possible. This is not common, but does occur at times.

Acupuncture and herbal care is not a substitute for appropriate medical advice and care from a medical doctor when necessary. I am aware of the benefits and risks of acupuncture treatment and consent to treatment understanding these.

Printed name _____
Signature _____ Date _____

ACKNOWLEDGMENT OF RECEIPT OF NOTICE AND CONSENT TO USE AND DISCLOSE HEALTH INFORMATION Read before signing the Acknowledgment and Consent

This acknowledgment of notice and consent authorizes Acupuncture & Herbal Works to use and disclose health information about you for treatment, payment and health care operation purposes.

Notice of Privacy Practices. Acupuncture & Herbal Works has a Notice of Privacy Practices, which describe how we may use and disclose your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgment and consent.

Amendments. We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of this change. You may obtain a revised notice by submitting a written request to our privacy officer.

How to contact our privacy officer: Mail: Acupuncture & Herbal Works, Attention: Privacy Officer, 254 N. Main Street, Seneca, PA 16346. Telephone: 814-677-3062. Facsimile: 814-677-6282.

I understand this consent is valid for seven (7) years. I further understand that I have the right to revoke this Consent, in writing, at any time for all *future* transactions, with the understanding that any such revocation shall not apply to the extent that Acupuncture & Herbal Works has already taken action in reliance on this consent. I understand that if I revoke this Consent, Acupuncture & Herbal Works has the right to refuse to treat me. I understand that if I do not sign this Consent evidencing my consent to the uses and disclosures described to me above and contained in the Privacy Notice, then Acupuncture & Herbal Works will not treat me.

Acknowledgment and Consent I have received the Notice of Privacy Practices for Acupuncture & Herbal Works. Acupuncture & Herbal Works is authorized to use and disclose health information about _____ (Patient Name) for treatment, payment, and healthcare operation purposes consistent with its Notice of Privacy Practices.

Signature of Patient

Date