



**Financial, Appointment, Office, and Treatment Consent
Notice of Privacy**

Acknowledgment & Signature

I certify that I have received and reviewed this document outlining the financial policies, appointment and cancellation policies, office policies, informed consent to treatment, and notice of privacy practice.

I have read and fully understand the information provided. I have had the opportunity to ask questions and voluntarily consent to treatment.

I understand that I may accept or refuse any treatment at any time, and that my practitioner may also decline or modify treatment if it is not appropriate or safe.

I acknowledge that acupuncture and related therapies are intended to support the body's natural healing processes and overall wellness, and that results are not guaranteed, including but not limited to fertility outcomes.

I certify that I have received a copy and reviewed this document explaining Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices. I have read and reviewed it carefully.

By signing below, I acknowledge that I understand and agree to all terms outlined in this document.

Patient Name (Print)

Patient/Guardian Signature & Date

1. Financial & Appointment Policies

Appointment Changes/Cancellation:

Appointments may be scheduled, rescheduled, or canceled through the patient portal. We kindly request at least **4 hours'** notice for any appointment changes.

Late Arrivals:

Late arrivals of **15 minutes** or more may result in a shortened session or may be asked to reschedule in order to accommodate the schedule with other patients.

If a patient chooses to proceed with a shortened treatment due to late arrival or the need to leave early, the session will still be considered a full treatment and charged or deducted accordingly from any package

Missed/No Show Appointments:

Each patient is **allowed one missed or no-show appointment** without a fee. After this, missed or no-show appointments will be subject to the following fees:

- \$50 Consultation
- \$60 All Acupuncture Treatments
- Forfeiture of one session of a treatment package

Payment/ Insurance & Superbills:

We are an out-of-network provider. Full payment is collected at the time of service. Upon request, a superbill will be provided for you to submit to your insurance company.

As a courtesy, we may submit claims on your behalf; however, this does not guarantee reimbursement. Patients are responsible for understanding their insurance benefits and for any unpaid balances.

Reimbursement timelines vary by insurance provider. Zensation Acupuncture is not responsible for delays or payment outcomes.

Card On File:

A valid credit card is required to be kept on file. Your card will not be charged at the time of booking. It will only be charged in the event of outstanding balances, missed or no-show appointments beyond the one allowed or late cancellations outside of the policy window.

Payment is due at the time of service unless other arrangements have been made in advance or a treatment package has been purchased. If a package is purchased, sessions will be deducted at the time of service.

Returned checks

If a payment is returned or declined by your financial institution, you will be notified and billed for the unpaid balance. A returned payment fee may be applied. In such cases, future payments may be required to be made using an alternative form of payment.

Discounts/Certificates

From time to time, promotional offers, treatment packages, or membership pricing may be available. Discounts cannot typically be combined unless specifically stated.

Herbal Supplements:

I understand that if I experience any adverse or concerning reactions, I should stop taking the herbs immediately and contact my practitioner.

I understand that all herbal products are non-refundable once opened.

Exchanges or replacements may be considered within the first week of purchase, at the discretion of the provider.

2. General Office Policies:

- Please inform us of any changes in your health status, medications, or pregnancy.
- Notify us if you have had recent cosmetic procedures, surgeries, accidents, or other significant medical events.
- Children must be supervised while in the office. Adults supervising children may be asked to leave the treatment room but must remain on the premises.
- Please arrive on time for appointments. Late arrivals of 15 minutes or more may result in shortened treatment or rescheduling.
- Mobile devices should be silenced during treatment sessions.
- Respectful communication helps maintain a safe and healing environment for all patients.
- If a patient chooses to proceed with a shortened treatment due to late arrival or the need to leave early, the session will still be considered a full treatment and charged or deducted accordingly from any package.

Respectful communication and conduct are expected at all times to help maintain a calm, professional, and healing environment for all patients

How to prepare for first visit:

To help ensure a comfortable and effective treatment, we recommend the following:

- **Arrival Time:** Plan to arrive a few minutes early to complete any required paperwork.
- **Food:** Eat a light snack or moderate meal about 45 minutes to 2 hours before your appointment.
- **Clothing:** Wear loose, comfortable clothing that allows easy access to arms, legs, and back.

- **Medications & Supplements:** Bring a list of all current medications, supplements, and any relevant health information.
- **Medical History:** Bring a list of past medical conditions, surgical procedures, and significant accidents.
- **Additional Guidance:** Avoid brushing your tongue immediately before your visit, as tongue diagnosis may be part of your evaluation.

3. Informed Consent to Treatment

I understand that my treatment may include acupuncture and related therapies such as cupping, gua sha, moxibustion, tui na (manual therapy), electro-acupuncture, heat therapy, herbal medicine, and topical applications.

I understand that acupuncture involves the insertion of needles through the skin. I understand that Zensation Acupuncture uses sterile, single-use disposable needles and maintains a clean and safe clinical environment. I understand that these additional therapies involve stimulation of acupuncture points using needles, heat, pressure, suction, electrical stimulation, or herbal substances to support the body's natural healing processes.

By receiving treatment, you acknowledge that you have received Consent of Treatment of other modalities, which contains in summary:

- Acupuncture and related therapies are generally safe when performed by licensed professionals.
- Results vary by individual.
- You may stop treatment at any time.

Common side effects may include:

- Bruising, redness, or soreness
- Minor bleeding
- Dizziness or fatigue
- Temporary aggravation of symptoms
- Emotional Release
- Muscle Twitching

Less common risks may include:

- Hematoma
- Burns (heat therapies)
- Skin irritation or allergic reactions
- Marking or blistering (cupping or gua sha)
- Herb-drug interactions

Rare but serious risks may include:

- Infection
- Pneumothorax

- Nerve injury
- Organ/tissue injury (very rare)

I understand that specific treatments and their side effects will be explained as needed during the course of care, and verbal consent will be obtained prior to administration. I understand that I may refuse or stop any treatment at any time.

Patient Responsibility & Liability

I acknowledge that failure to provide accurate and complete health information may increase the risk of complications, and I accept responsibility for any resulting outcomes.

I understand that no provider can anticipate all possible risks or complications.

I release Zensation Acupuncture and its practitioners from liability related to the procedures described herein, except in cases of negligence or failure to provide appropriate care.

I understand that I may withdraw my consent and discontinue treatment at any time.

No Guarantee

I understand that results vary from person to person and that no guarantees have been made regarding the effectiveness of treatment. I may discontinue any treatment at any time. I have been advised to consult with a licensed acupuncturist regarding my health condition and treatment options. I understand that no provider can anticipate all possible risks or complications.

I understand that acupuncture and related therapies may support but do not cure diseases, including but not limited to cancer.

I understand that acupuncture may support fertility and reproductive health, but pregnancy is not guaranteed.

Voluntary Participation

I understand that I may accept or refuse any treatment at any time, including any additional modalities such as cupping, gua sha, moxibustion, electro-acupuncture, herbal therapy, ion cords, magnets, and manual therapy. I also understand that my practitioner may decline or modify treatment if it is not appropriate or safe.

Medical Care Disclaimer

I understand that acupuncture is not a substitute for medical care. I agree to continue care with my primary care physician or other licensed healthcare providers for diagnosis and treatment of medical conditions.

Disclosure

I understand that I may be asked personal and medical information to ensure safe treatment. I agree to inform my practitioner of any medical conditions including pregnancy, medications,

implantations, surgeries, or significant health changes. I understand that failure to disclose or providing inaccurate information may increase risks, and I accept responsibility for any resulting complications.

4. HIPAA Notice & Privacy Acknowledgment

Acknowledgment & Signature

This notice describes how your medical information may be used and disclosed and how you can access this information. I certify that I have received a copy and reviewed this document explaining Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices. Please review it carefully.

Uses and Disclosures of Health Information

Your right to privacy is paramount. The staff of Zensation Acupuncture will never disclose your personal health information without your express consent, except as required by law. This notice explains our policies regarding how your medical information may be used and disclosed, how you can access this information, and how your privacy is protected. Zensation Acupuncture may use and disclose your health information for the following purposes:

Treatment:

To provide, coordinate, or manage your care. This may include sharing information with other healthcare providers involved in your treatment.

Payment:

To obtain payment for services, including providing superbills or submitting claims on your behalf. Your records may be shared with insurance carriers, HMOs, PPOs, or other entities responsible for payment of services provided to you.

Healthcare Operations:

For administrative purposes such as scheduling, quality improvement, and internal recordkeeping. Your information may be used for appointment reminders, information about alternative care options, or other health-related communications. Messages may be left on your answering machine or with a household member unless you request confidential communication or alternative contact methods.

Other Permitted Disclosures

We may disclose your information when required by law or in situations including:

- Public health and safety reporting
- Emergencies
- Legal proceedings or court orders
- Law enforcement and government requests
- Reporting abuse or neglect
- Organ Donation
- Research, military activity, or national security

Your Rights

You have the right to:

- Access and obtain a copy of your health records
- Request corrections to your records
- Request restrictions on certain uses or disclosures
- Request confidential communication
- Receive a copy of this HIPAA Privacy of Notice
- File a complaint if you believe your privacy rights have been violated

Our Responsibilities

Zensation Acupuncture is required by law to:

- Maintain the privacy of your health information
- Provide you with this notice
- Follow the terms of this notice
- Notify you in the event of a breach of your information

I acknowledge that I have received or been offered a copy of the HIPAA Notice of Privacy Practices. You have the **right to receive an accounting** of any disclosures made by Zensation Acupuncture. Any use or disclosure of your protected health information not described above will require your **written authorization**.

Contact Information

If you have questions or concerns about your privacy rights, please contact:

Zensation Acupuncture
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