

# Rock Creek Acupuncture, LLC

## Policies and Consent

Date: \_\_\_\_\_

### Financial Agreement

Please provide a copy of your insurance card and complete all necessary insurance information, including special forms, before leaving the office. It is your responsibility to provide us with current insurance coverage information and all required personal data. Patients that do not have insurance coverage for acupuncture are expected to pay for services at time of service unless prior arrangements have been made with us. There is no guarantee that your insurance company will pay for all services rendered. If we have not received payment within 90 days we will notify you and unpaid balances will become your responsibility, and we will expect payment in full at that time. It is the patient's responsibility to pay any deductible or any portion of the charges as specified by the plan at the time of visit. It is the patient's responsibility to ensure that any required referrals for treatment are obtained before the visit or the patient may be financially responsible due to lack of the referral at time of service. The parents/guardians of a minor are responsible for payment incurred by the minor. Any medical services not covered by an individual's insurance plan are the patient's responsibility and payment in full is due at the time of visit.

Please sign to agree to the financial policy: \_\_\_\_\_

### Cancellation Policy

24 hours notice is requested for all cancellations. If you cancel by phone with less than 12 hours notice, you will be assessed a fee of \$30. If you miss an appointment without prior notice you are responsible for the full cost of the visit.

Please sign to agree to the cancellation policy: \_\_\_\_\_

### Notice of Privacy Practices

The HIPPA Privacy Rule enacted by the US Congress states patients' right to, and reinforces the protection of their medical records, or Protected Health Information (PHI). This means that you, the patient, have the right to the access and privacy of your PHI. This also means that your physician must obtain your consent/authorization to use your PHI by the physician himself and his office employee/business associates, and to share the appropriate PHI with your pharmacies, referral, physicians, health-related facilities, laboratories, and your health insurance, in order to conduct the usual medical care and obtain service reimbursement. The entire Privacy Rule is available upon request.

HIPPA Acknowledgement and Authorization

I acknowledge and agree that I have personally requested treatment from Jason Burke, L.Ac. at Rock Creek Acupuncture LLC, located at 7525 8 th St. NW, Washington, DC 20012. I understand that I can receive, at each visit, a copy of my medical record for the visit. I understand that I can obtain another copy of my medical records in the future at a usual and customary fee for making such a copy.

*Authorization for Use or Disclosure of PHI:* I authorize employees and business associates of Jason Burke, L.Ac. to use and release my PHI for the purpose of usual and customary medical care and for billing my health insurance, I understand that I have the right to revoke this authorization by sending my written request to Jason Burke, L.Ac., 7525 8th St. NW, Washington, DC, 20012. I understand that my authorization is voluntary and that I may refuse to sign this authorization. But by not giving such authorization, I also understand that Jason Burke, L.Ac, may be limited in his ability to provide services to me since the exchange of PHI is necessary in such activities as, but not limited to referrals, and billings to insurance. If I choose not to sign the authorization, I also assume all financial responsibility for any services rendered at the time of service, and incurred at other medical facilities.

Please sign here to acknowledge the privacy policy: \_\_\_\_\_

Consent to Treatment

I hear by voluntarily consent to be treated with acupuncture and herbs. The procedure involved in the treatment has been explained to me. I understand I may be treated with the insertion of needles and/or with the application of heat to the skin (moxibustion), cupping, electro-acupuncture, and acupressure. Jason Burke, L.Ac., and Rock Creek Acupuncture LLC, in order to insure the safety of clients, uses only pre-sterilized, pre-packaged disposable needles. I understand that I am free to discontinue treatment at any time. Potential side effects may include, but are not limited to discomfort at the site of insertion of the needle, bruising, slight bleeding, fainting, temporary discomfort or pain and temporary aggravation of symptoms existing prior to treatment. Consultation with an appropriate physician may be indicated either in response to an emergency or as deemed necessary by the discretion of a licensed physician.

Please sign here to consent to treatment: \_\_\_\_\_