

Welcome to the Classical Acupuncture Clinic! We look forward to helping you.

The purpose of the policies below is to create a smooth visit and for you to get the best results in the shortest amount of time. This agreement also makes sure you fully understand the steps needed in order to hold appointments.

Please initial next to each blank below to acknowledge your agreement with the stated clinic policies.

\_\_\_\_\_ **Clothing**

The acupuncture points used for your condition will determine the areas of your body that need to be exposed. Please wear clothing that is loose fitting (e.g.: pants that can be moved above the knee). You can bring shorts or remove obstructive clothing; if you must remove clothing you will have a sheet to cover yourself. One-piece dresses are not recommended.

\_\_\_\_\_ **No-Wait Clinic Procedures**

- Please arrive 5 minutes before your designated time to fill out a short progress form; you will take this form into the treatment room with you.
- Take off your shoes and socks. Move clothing as appropriate (e.g.: pull your pant legs above your knees /roll up your sleeves if necessary). Feel free to change clothes if needed.
- Lay down on the table, face up. We ask you do this so that you can relax for a few moments.
- It is helpful to make your appointments in advance. This will save both you and the office time.

\_\_\_\_\_ **Late Arrival**

As a courtesy to other patients, we regret that late arrivals will not receive an extension of the scheduled time unless our schedule permits. If you are more than 25 minutes late, we may not be able to treat you. You will still be responsible for the full appointment fee.

\_\_\_\_\_ **Late cancellations**

If you wish to cancel or reschedule, please write or call us. Cancellations made less than 24 hours in advance will be charged the full amount of the treatment.

\_\_\_\_\_ **In Case of Sickness**

We can treat you when you are sick! Infections and illnesses, such as colds, flus, ear infections, and allergies **are often easily treated** if addressed within the first 30 hours of onset. Do not hesitate to let us know if you are feeling under the weather!

\_\_\_\_\_ **Confidentiality**

I agree to maintain the confidentiality of all other patients of the clinic. Our staff will maintain your confidentiality by not acknowledging you outside of the clinic unless you first acknowledge them.

\_\_\_\_\_ **Etiquette**

I agree not to come into the clinic under the influence of alcohol or non-prescription drugs. I agree to turn any cell phones/other devices to silent mode. I agree to respect other patient's relaxation and will keep conversation to a minimum when in the waiting room.

\_\_\_\_\_ **Payment**

Payment is expected at the time of visit. We accept cash, credit cards, checks, Zelle, Venmo, and Paypal. We accept any insurance that provides verified acupuncture benefits for out-of-network providers. Should your insurance plan fail to pay for your treatment for any reason, you understand that you will pay for any unpaid balance. Alternatively, we can provide you with treatment documentation that you may file with your insurance company.

**Please indicate your preferences below:**

I would like to receive (by email) health information, newsletters, and announcements from The Classical Acupuncture Clinic. We provide only information that is useful to you.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_  
Patient Name/Patient Representative

\_\_\_\_\_  
Patient Signature/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alexandra Knox, M.Ac, L.Ac, Dipl. Ac. (NCCAOM)

\_\_\_\_\_  
Date