

Traditional Acupuncture Center

Name: _____ Date: _____

Home street address: _____

City: _____ State: _____ Zip: _____

Telephone:

Cell: _____ Home: _____ Work: _____

If we need to contact you, which is the best phone number to use:

Cell: _____ Home: _____ Work: _____

Email address: _____

Employer: _____ Occupation: _____

Notice of Privacy Practices (HIPPA):

I acknowledge that I have received the Traditional Acupuncture Center's Notice of Privacy Practices, which describes the ways in which this office will use and disclose my health care information for treatment, payment, healthcare operations and other described and permitted uses and disclosures.

Signature: _____ Date: _____

Please list here any persons with whom the Traditional Acupuncture Center may share information about your appointments, billing, supplements, and other matters handled at the front desk.

Name: _____ Name: _____

Please list anyone with whom Traditional Acupuncture center may share information about your personal health record.

Name: _____ Name: _____

Financial Responsibility Agreement

I understand and agree that I am responsible for payment for any professional services rendered. Payment is due at the time of service unless otherwise discussed and agreed upon.

Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____