



Welcome to Breathe & Balance!

Our clinic strives to provide professional, high-quality, individually focused healthcare to each of our patients. To provide the best care possible, we have some clinic policies in place that require your support.

Scheduling and Payment Policies:

- Office hours are by appointment only.
- A **24-hour notice** is required for cancellation or rescheduling, otherwise you will be billed for the full cost of the appointment time. If the appointments have been purchased as a package, the missed, cancelled, or rescheduled appointment will be deducted from the remaining appointments in that package.
- If you are late to your appointment, that treatment will be shortened to be finished at the scheduled time.
- Full payment is expected at time of service. We accept cash, check, and major credit cards. We can provide you with a receipt upon request.
- We do not process or accept insurance. A receipt for your office visit will be provided upon request; you have the option to check with your insurance carrier to see if reimbursement is possible and we'd be happy to provide you with a superbill.

Our fees:

New Patient Intake with acupuncture (90 min)	\$130
Follow up acupuncture treatment (60 min)	\$100
Herbal medicine consultation (30 min) <i>Does not include the cost of the herbs.</i>	\$40
Non-acupuncture treatment (50 min) <i>Includes cupping, guasha and Tui Na massage.</i>	\$75
Breathe & Balance Wellness Intro Package <i>Includes 90 min initial intake and three 60 min follow up. (\$88 per treatment)</i>	\$350

ACKNOWLEDGEMENT OF RECEIPT OF CLINIC POLICIES I have read, understood, and agree to the office policies for healthcare services at Breathe & Balance:

Signature: _____

Date: _____

Printed name: _____

NOTICE OF PRIVACY POLICIES (HIPAA)

Breathe & Balance provides service with respect for your privacy and security. Protecting your privacy and healthcare information is fundamental during our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

This notice outlines your protected health information, how it may be used, and what your rights are regarding your protected health information. **Please review carefully** and ask any questions prior to signing.

You should be aware that during our relationship with you we will likely use and disclose protected health information (PHI) about yourself for the treatment, payment, and healthcare operations. PHI is information about you that may identify you and relates to your past, present, and future physical or mental health or condition and related to health care services. You may specifically authorize us to use protected health information for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representation you choose to have your protected health information.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

- **Right to revoke authorization:** If you authorize us to share your PHI in a written agreement, you still have the right to revoke your authorization to us at any time. Your revocation must be in writing.
- **Right to inspect and copy:** You have the right to inspect and copy protected health information that may be used to make decisions about your care. Usually, this includes medical and billing records. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to Breathe & Balance Acupuncture. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.
- **Right to Amend:** If you feel that protected health information, we have about you is incorrect or incomplete, you may ask us to amend or supplement the information. To request an amendment, your request must be made in writing and submitted to Breathe & Balance Acupuncture. In addition, you must provide a reason that supports your request. We will act on your request for an amendment no later than 60 days after receiving the request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request and will provide a written denial to you. In addition, we may deny your request if you ask us to amend information that: Was not created by us, unless the person or entity that created the information is no longer available to make the amendment, Is not part of the protected health information kept by Breathe & Balance Acupuncture, Is not part of the information

which you would be permitted to inspect and copy, or if we believe is accurate and complete.

- Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Breathe & Balance Acupuncture. We will accommodate all reasonable requests.
- Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time by contacting Breathe & Balance Acupuncture.

OTHER USES AND DISCLOSURES: We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already acted in reliance on the authorization.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES: If you believe your privacy rights have been violated, you may file a complaint with Breathe & Balance Acupuncture, or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence of the complaint or violation. If you file a complaint, we will not take any action against you or change our treatment of you in any way.

Acknowledgement Confirming Receipt of HIPAA Privacy Notice:

I acknowledge I have received a copy of the HIPAA Privacy Notice. I have read them and understood the content or declined the opportunity to read it. I understand that this form will be placed in my patient file and maintained for seven years.

Signature: _____

Date: _____

Printed name: _____