



Welcome to Our Clinic!

Marshall Acupuncture and Herb Clinic strives to provide high-quality, individually focused healthcare to each of our patients. In order to provide the best care possible, we have some clinic policies in place that require your support.

Scheduling and Payment Policies

- 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 number of remaining appointments in that package.
- Office hours are by appointment.
- If you are late to your appointment, that appointment will be shortened in order to complete the treatment at the scheduled time.
- Full payment is expected at time of service. We accept cash, check, and major credit cards. We are able to provide you with a receipt upon request. There is a \$25 fee for returned checks.
- We are not responsible for any billing associated with your 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.

Our Fees:

Acupuncture Services:

New Patient Acupuncture (105min) <i>Your first visit includes an extra 45 minutes of consultation.</i>	\$120
Acupuncture treatment (60min)	\$75
New Patient, 12yrs and under (60min)	\$75
Acupuncture treatment, 12yrs and under (30min)	\$45
Yi Jing consultation (60min) <i>Chinese astrology & numerology</i>	\$75

Massage Services:

<i>Therapeutic or relaxing touch</i>	
Massage (30min)	\$45
Massage (60min)	\$75
Massage (90min)	\$110

ACKNOWLEDGEMENT OF RECEIPT OF CLINIC POLICIES

I have read, understood, and agree to the office policies for healthcare services at Marshall Acupuncture and Herb Clinic:

Signature

Date

NOTICE OF PRIVACY POLICIES (HIPAA)

Callan Welder and Jennifer Blatnik are dedicated to providing service with respect for human dignity. Protecting your privacy and healthcare information is fundamental in the course of our relationship. This notice will remain in effect until it is replaced or amended by changes in law.

We gather personal information and health information in several ways:

- Information we receive from you.
- Information we receive from other healthcare providers.
- Information we receive from third party payers.

This information is used for treatment, payment and healthcare operations. You should be aware that during the course of our relationship with you we will likely use and disclose protected health information (PHI) about you 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.

Appointment Reminders

We may send newsletters and appointment reminders, by calls, post cards or letters, unless otherwise advised by you.

Disclosure

The Clinic may use or disclose your Protected Health Information when required by law.

Patient Rights

1. Upon written request you have the right to access, review or receive copies of your healthcare records.
2. Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.
3. You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information.
4. You have the right to request that we amend your Protected Health Information; the request must be in writing.
5. You have a right to receive all notices in writing.

If you have questions, complaints or want more information:

Contact: Marshall Acupuncture and Herb Clinic Telephone: 828-649-9601

Address: 7 N Main St, Marshall, NC

To send a written complaint to the U.S. Department of Health and Human Services: DHHS (Office of Civil Rights)

200 Independence Ave S.W. Room 509 F HHH Building, Washington, DC 20201

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY POLICIES

I, _____, have read, reviewed, understand and agree to the statement of the Privacy Policies for healthcare services provided by Callan Welder and Jennifer Blatnik.

Signature/Date