Patient Name *(please print clearly)*: _____

Berkeley **Acupuncture** Project

Berkeley Acupuncture Project of California,
A 501(c)(3) Non-profit Organization: Fine Print
Please initial each section, then sign and date the back.
Thank you.

INFORMED CONSENT
Acupuncture involves the insertion of special needles into particular points on the body. The purpose of this treatment is to prevent or reduce pain and to help your body function better. There are some risks to treatment, including the possibility of bruising of the skin and/or slight bleeding, weakness, fainting, and/or the temporary aggravation of symptoms existing prior to acupuncture treatment. There is little to no risk of infection when all needles are sterile. BAP uses only one-time use, sterile disposable needles. We do not reuse needles, even at different areas of the body for the same person.

BAP does not provide primary care, nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, local infection, or have been prescribed anticoagulant medications like Coumadin, we can still treat you but should be made aware of your condition. By signing below you state that you agree to inform your acupuncturist of such conditions.

____ (*initial*) ***I understand the risks and I voluntarily consent to the above procedures.***

PRIVACY POLICY
In accordance with HIPAA (Health Insurance Portability and Accountability Act) regulation and California Law, BAP takes the right to your privacy seriously. Therefore, we do not disclose any personal, health, financial, or any other information about you, or the services we provide to you to any third parties without your request or permission. This also includes online services we provide, including access to your appointment information, user-ID, or password.

As healthcare practitioners and administrators, we are also responsible for staying up-to-date with HIPAA regulations and for properly training all staff members and new employees to insure that your personal health information is not compromised. If at any time you have a concern or complaint about your privacy, please contact BAP's privacy officer, or the Office of Civil Rights of the US Department of Health and Human Services.

_____ ***(****initial)* ***I understand Berkeley Acupuncture Project's Privacy Policy.***

RELEASE OF LIABILITY FOR LOST OR STOLEN GOODS
Berkeley Acupuncture Project is not responsible for lost or stolen goods. Please do not bring valuables into the treatment room. We cannot guarantee their safety.

_____*(initial)* ***I release Berkeley Acupuncture Project from liability for lost or stolen goods.***

FINANCIAL POLICY
Berkeley Acupuncture Project makes every attempt to make alternative health care, specifically acupuncture and Chinese medicine, available to as many people as possible, at the most affordable rates. In respect for our intention to offer high-quality health care at affordable prices, we ask for at least 12-hour advance notice if it is necessary to cancel an appointment. **All appointments that are cancelled with less than 12-hour advance notice, and appointments missed without notice, will be charged $20 for that appointment.** If appointments have been purchased in a package, the missed or cancelled appointment will be deducted from the number of remaining appointments in that package. If you miss your appointment, you can be seen as a walk-in by the same practitioner with whom you had your original appointment, *if they can fit you in.* If you want to come later the same day and see a different practitioner, you must pay for both appointments. You are responsible for any bank fees if payment is declined by your bank for any reason.

_____ ***(****initial)* ***I agree to Berkeley Acupuncture Project's Financial Policy***

POLICIES AND RULES
Our clinic policies and rules have been created with both the safety of our patients and staff and the efficiency of the clinic in mind. Please see our green "House Rules" signs posted throughout the clinic.

_____ ***(****initial)* ***I agree to follow the rules and policies of BAP including the posted "BAP House Rules" and other posted signs and understand that policies may be added or changed at the discretion of BAP.***

By signing below, I agree to the policies, consents and release of liability as set forth on the entirety of this document.

Signature _____ Date _____/ _____/ _____