

**Ling's Acupuncture and Chinese Medicine**

120 Gatlin Ave. Orlando, FL 32806

407-851-2533

5931 Brick Ct. Ste. 160 Winter Park, FL 32792

407-681-3800

Notice of Privacy Practices

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall affect any disclosure we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The practice may condition treatment upon the execution of this Consent.

\_\_\_\_\_

Patient or Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient (if other than patient): \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

(Printed Name Ling's Acupuncture Representative)

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Patient Consent to Treatment

I hereby consent to the following:

Patient's Name (Please Print): \_\_\_\_\_

- A. Treatment: Any and all health care treatment, which may include acupuncture, herbal formulas, TuiNa, cupping therapy, moxibustion, therapeutic exercises and/or nutritional counseling. I understand that needling and cupping therapy may cause bruising in some cases.
- B. Financial Information: All professional fees are due in full at the time services are rendered, unless prior arrangements have been made with the patient's health insurance company. I hereby acknowledge and accept full responsibility for any and all costs incurred. Payment is made directly to LING'S ACUPUNCTURE for the amount due after services have been rendered. Payment can be made by major credit cards, cash, or check.
- C. Authorization to Use and Disclose Health Information: I authorize the release of any of my medical information to my insurance company for the purpose of assessing claims. This information includes records of examination, diagnosis, treatment and billing information during the duration of care.

Patient or Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Questionnaire

1. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment and health care operation) :

\_\_\_\_\_

2. Please list the family members or significant others, if any, whom we may inform about your Medical condition ONLY IN AN EMERGENCY:

\_\_\_\_\_

3. Please print the **telephone number(s) where you want to receive calls** about your appointments, lab and x-ray results, or other information: \_\_\_\_\_

\_\_\_\_\_

(Check one)

Okay to leave message with detailed information

Leave message with callback number only

**It is the responsibility of the patient to notify Ling's Acupuncture if this information should change.**