

## FINANCIAL & LATE CANCEL POLICY

Our sliding scale is \$20-\$40. There is an additional \$10 fee for the first visit. We take cash or checks, but are unable to take credit cards. Payment is due at the time of treatment.

We want you to choose what's affordable for you within our sliding scale, keeping in mind how often you will be coming for treatment. It's important to us that you get enough treatment to get the best possible results. **This means we would rather see you twice a week for \$ 20 or \$25 a visit than once a week for \$40.**

It is our intention to make acupuncture available to as many people as possible at the most affordable rates. In respect and support of that, we **ask for at least 24 hours notice to change or cancel an appointment. There is a \$20 fee for appointments that are cancelled or changed with less than 24 hours notice. If you are uncertain as to whether you can keep an appointment or give adequate notice, it may be better to call us on the day you'd like to come, and we'll do our best to accommodate you. Thanks for your understanding.**

I agree to the above policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Special privacy notice for group treatment (Community Acupuncture)

Because patients are in such close proximity during treatment, it is very important that we all make an effort to respect one another's privacy. Ways we can do this are to keep your voices low and refraining from speaking about what we have seen or heard about others to anyone else.

#### Privacy Consent for group treatment

I consent to receive community acupuncture treatment from Diana Di Gioia, Lic. Acupuncturist, Daphne Jochnick, or other acupuncturists on the Community Acupuncture on Cape Cod staff, in a group setting. I understand that it is more difficult to maintain complete privacy in this setting, and that it is possible that other people will overhear conversations between myself and my acupuncturist. I understand that the acupuncturists will do all they can to minimize conversations in the group setting that may compromise my privacy, and that all of my written health records will be strictly confidential.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## ACUPUNCTURE INFORMED CONSENT TO TREAT

I hereby consent to acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below for whom I am legally responsible) by acupuncturists Diana Di Gioia, Daphne Jochnick and other licensed acupuncture staff at Community Acupuncture on Cape Cod. Methods of treatment may include acupuncture, gua sha, and nutritional counseling.

I understand that acupuncture is a generally safe method of treatment, but that it may occasionally have some side effects, including bruising, numbness, tingling or pain near the needling site that may last a few days, and in rare cases dizziness or fainting. Bruising is a common side effect of gua sha.

I will notify my acupuncturist if I am, or become, pregnant.

I consent to Chinese Herbal Medicine treatment by Acupuncturist Diana Di Gioia. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Possible side effects of taking herbs may include nausea, gas, and stomach ache.

I understand that herbs must be consumed according to the instructions provided, and I will immediately notify Diana if any unanticipated or unpleasant side effects occur.

**Acupuncture treatment is not a replacement for diagnostic medical procedures. An acupuncturist does not diagnose according to standard medical practice, nor should a “Chinese Diagnosis” be considered a replacement for standard medical evaluation or testing. If you have any concerns about what may be causing your symptoms, you must see a medical doctor.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Initial here if you also authorize us to report back to your medical doctor about your response to acupuncture:**