Counterpoint Wellness, PLLC

3417 Evanston Ave. N, #408, Seattle WA 98103 • (206) 395-9796

Patient Treatment Consent, Payment and Cancellation Agreement

Patient's Name:_____

Date of Birth: _____Age:_____

I, the undersigned, hereby consent for Counterpoint Wellness to perform treatment utilizing acupuncture and massage therapy on me (or on the patient named above for whom I am legally responsible). I understand that methods of acupuncture may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, acupressure/tuina (Chinese massage), gua sha (dermal friction technique), Chinese herbal medicine, and dietary advice based on Chinese medical theory. I understand that methods of massage treatment may include, but are not limited to: Craniosacral bodywork (gentle hands-on bodywork focusing on head, spine and pelvis – may include intraoral work), trigger point (holding points of tight tissue to achieve myofascial release), deep tissue (slower and deeper strokes in smaller areas as compared to Swedish techniques), Chinese tui-na (including acupressure, rolling, tapotement, and other techniques to bring the body into balance), and stretching (passive or active movements to lengthen muscular tissue).

I understand that the beneficial effects associated with these treatments include decreased pain, reduced muscle spasm, and improved mobility. I understand there is no certainty that I will achieve these benefits.

I agree to follow the advice given to me by my acupuncturist and massage practitioner. I understand I might be dropped from the program for refusal to do so.

I understand that acupuncture and associated treatments are generally safe methods of treatment, but risks may include pain or discomfort during the treatment, fainting/needle sickness, broken needles, bleeding, burning and/or scarring of the skin, infection, organ puncture, bruising (for example, bruising is a common side effect of cupping), pain following treatment in the insertion area, spontaneous miscarriage, pneumothorax, or allergic reactions to ingested herbal medication. I also understand that there are some very slight risks associated with massage, including but not limited to bruising and muscle soreness.

I will notify the acupuncturist at Counterpoint Wellness *prior to treatment* if I have a severe bleeding disorder or pacemaker, or if I am or become pregnant over the course of treatment.

I understand that all needles utilized for the acupuncture treatments are prepackaged, sterile, single-use needles that have never before been used and will be disposed of after each treatment.

I understand that reasonable alternatives to the treatments described above include the following:

Medications: I understand that medications can be used to reduce pain. I also understand that medications may produce inadequate relief, side-effects, and physical or psychological dependence.

Surgery: I understand that surgery can reduce pain associated with certain conditions. I also understand that surgery may lead to unsuccessful outcome, complications, and side effects related to anesthesia.

Non-treatment: I understand the risks for non-treatment may include increased pain.

I understand that a $50 cancellation fee may be incurred for a cancellation within 24 hrs of my appointment.

I hereby certify that I have read (or have had it read to me) and understand all of the above. I may have a copy of this form for my records upon request.

Signature:_____Date:_____
(If patient is a minor, please have parent /guardian sign)

Clinician:_____Date:_____

Samara White, LAc/EAMP, LMP
WA State Acupuncture License AC60503724 • WA State Massage License MA60461701
Seattle Institute of Oriental Medicine, Masters of Oriental Medicine, Sept. 2011-Aug. 2014

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). We must follow the privacy practices that are described in this Notice (which may be amended from time to time).

I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

A. Permissible Uses and Disclosures Without Your Written Authorization. We may use and disclose PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are legally permissible.

1. Treatment: We may use and disclose PHI in order to provide treatment to you. For example, we may review and use your medication history to diagnose, treat, and provide medical services to you. In addition, we may disclose PHI to other health care providers in order to provide you with appropriate care and continued treatment.

2. Payment: We may use or disclose PHI for the purposes of determining coverage, billing, claims management, and reimbursement. For example, a bill sent to your health insurer may include information about a treatment you received so that the insurer will pay us for the treatment. We may also inform your health plan about a treatment you are going to receive in order to determine whether the plan will cover the treatment.

3. Health Care Operations: We may use and disclose PHI in connection with our health care operations, including quality improvement activities, training programs, accreditation, certification, licensing or credentialing activities. For example, we may use PHI to review our treatment and services and to evaluate the performance of our staff. We may also disclose PHI to our health care professionals for review and learning purposes.

4. Required or Permitted by Law: We may use or disclose PHI when we are required or permitted to do so by law. For example, we may disclose PHI to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. In addition we may disclose PHI to the extent necessary to avert a serious threat to your health or safety or the health or safety of others. Other disclosures permitted or required by law include the following: disclosures for public health activities; health oversight activities including disclosures to state or federal agencies authorized to access PHI; disclosures to judicial and law enforcement officials in response to a court order or other lawful process; disclosures for research when approved by an institutional review board; disclosures for workers' compensation claims, and disclosures to military or national security agencies, coroners, medical examiners, and correctional institutions as authorized by law.

B. Uses and Disclosures Requiring Your Written Authorization.

1. Psychotherapy Notes. We must obtain your authorization for any use or disclosure of psychotherapy notes, except if our use or disclosure of psychotherapy notes is: (1) by the originator of the psychotherapy notes for treatment purposes, (2) for our own training programs in which mental health students, trainees or practitioners learn under supervision to practice or improve their counseling skills, (3) to defend ourselves in a legal proceeding initiated by you, (4) as required by law, (5) to a health oversight agency with respect to the oversight of the originator of the psychotherapy notes, (6) to a coroner or medical examiner; or (7) to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

2. Marketing Communications; Sale of PHI. We must obtain your written authorization prior to using PHI for marketing or the sale of PHI, consistent with the related definitions and exceptions set forth in HIPAA.

3. Other Uses and Disclosures. Uses and disclosures other than those described in this Notice will only be made with your written authorization. For example, you will need to sign an authorization form before we can send PHI to your life insurance company or to your attorney. You may revoke any such authorization at any time by providing us with written notification of such revocation.

II. YOUR INDIVIDUAL RIGHTS

A. Right to Inspect and Copy. You may request access to your medical records and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. We may charge a fee for the costs of copying and sending you any records requested.

B. Right to Alternative Communications. You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.

C. Right to Request Restrictions. You have the right to request a restriction on PHI we use or disclose for treatment, payment or health care operations. You must request any such restriction in writing addressed to the Privacy Officer of Counterpoint Wellness at 4206 Stone Way North, Seattle WA 98103. We are not required to agree to any such restriction you may request, except if your request is to restrict disclosing PHI to a health plan for the purpose of carrying out payment or health care operations, the disclosure is not otherwise required by law, and the PHI pertains solely to a health care item or service which has been paid in full by you or another person or entity on your behalf.

D. Right to Accounting of Disclosures. Upon written request, you may obtain an accounting of disclosures of PHI made by us in the last six years, subject to certain restrictions.

E. Right to Request Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances.

F. Right to Obtain Notice. You have the right to obtain a paper copy of this Notice by contacting the Counterpoint Wellness Privacy Officer at 206-395-9796.

G. Right to Receive Notification of a Breach. We are required to notify you if we discover a breach of your unsecured PHI, according to requirements under federal law.

H. Questions and Complaints. If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact the Counterpoint Wellness Privacy Officer at 206-395-9796**.** You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office

III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE

A. Effective Date. This Notice is effective on October 1, 2014

B. Changes to this Notice. We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in the waiting area of our office and on our web site at http://www.counterpointwellness.com. You may also obtain a revised notice by contacting the Counterpoint Wellness Privacy Officer at 206-395-9796.

I acknowledge having received a copy of this Notice of Privacy Practices describing how medical information about me may be used and disclosed and my rights regarding this information.

Signature of Patient (or legal guardian) Date

Counterpoint Wellness, PLLC
3417 Evanston Ave. N, #408, Seattle WA 98103 • (206) 395-9796

Patient Notification of Qualifications and Scope of Practice

Washington State law requires East Asian medicine practitioners inform the public of a practitioners' scope of practice and qualifications. (Per 18.06.130 RCW) The practitioner must provide this form to each patient in writing prior to or at the time of the initial patient visit. (Per 246-803-300 WAC)

East Asian medicine means a health care service using East Asian medicine diagnosis and treatment to promote health and treat organic or functional disorders.

1. My qualifications include the following education and license information:
   a) Acupuncture:
      - Licensure:
        - Washington State East Asian Medicine Practitioner License *AC60503724*
      - Education: Seattle Inst. of Oriental Medicine, Masters of Oriental Medicine; 8/2014
      - Certifications: National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), Board Certified Diplomate in Oriental Medicine

   b) Massage:
      - Licensure: Washington State Massage License *MA60461701*

2. The scope of practice for an East Asian medicine practitioner in the State of Washington includes:
   (a) Acupuncture, including the use of acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians;
   (b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;
   (c) Moxibustion;
   (d) Acupressure;
   (e) Cupping;
   (f) Dermal friction technique;
   (g) Infra-red;
   (h) Sonopuncture;
   (i) Laserpuncture;
   (j) Point injection therapy (aquapuncture); and
   (k) Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements;
   (l) Breathing, relaxation, and East Asian exercise techniques;
   (m) Qi gong;
   (n) East Asian massage and tuina, which is a method of East Asian bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and
   (o) Superficial heat and cold therapies.

3. Side effects may include, but are not limited to:
   (a) Pain following treatment;
   (b) Minor bruising;
   (c) Infection;
   (d) Needle sickness; and
   (e) Broken needle.

4. The patient must inform the East Asian medicine practitioner if the patient has a severe bleeding disorder or pace maker prior to any treatment.

Date presented to patient:_____

Patient's initials:_____ Practitioner's initials: _____