Wendy Stedeford Acupuncture
Patient Information Form

RESPONSIBILITY FOR PAYMENT

As a courtesy to you, and if it is pertinent to your situation, we will gladly submit your charges to the appropriate parties. I- However, all services rendered by this office are charged directly to you. Ultimately, you are personally responsible for payment of these charges regardless of any insurance reimbursement or settlement you may or may not receive.

Returned checks will result in a $40.00 charge.

IMPORTANT PLEASE READ

We always strive for excellence when it comes to patients' needs including being aware that your time, as well as ours, is precious. Please make every effort to arrive on time and we will make every effort to make sure you are seen promptly. If for some reason your appointment is pushed back, please understand that it could be because another patient is in dire need. And if that isn't the reason, then we apologize beforehand!

Also, please understand that every individual is unique in their anatomy. Occasionally, because acupuncture does use needles, you may experience slight bruising. This is a temporary result and will not adversely affect the benefits you receive from your treatment. If a needle causes you discomfort while it is being inserted, let your practitioner know and they can adjust the needle for you.

It's also very important to have eaten something within 4 hours of treatment or to let your practitioner know if you have any fainting tendencies because of the very rare chance of needle shock.

Private Policy Notice Acknowledement of Receipt

I acknowledge that I have received a copy of Wendy Stedeford Acupuncture's Notice of Privacy Practices and I understand it contains information about the use and disclosure of my medical information.

By way of my signature, I provide Wendy Stedeford Acupuncture with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.

* It is the practice of this office to have patients wait in a common waiting room before being called by first name back to the treatment room. This office also reserves the right to use a sign in sheet which will be in plain view at the front desk.

Please sign below to acknowledge that you understand and agree to the slight risk involved in receiving treatment with acupuncture needles, that you understand, agree and have received a copy of the Private Policy Notice and that you understand and agree to our late and no show policy. **Welcome to the practice! If you have any questions today or at any time we will be happy to answer them and look forward to an enriching exchange with you!**

Signature: _____ Date: _____

Wendy Stedeford Acupuncture Patient Information Form

Your date of birth: _____

How did you hear about us? (Please circle):

Newspaper Advertisement Published story Phone book Mailer/flyer Website Event

Medical referral Friend/family Other_____

Would you like to receive our monthly newsletter?

Give us your email address: _____

Emergency contact Information:

Name and relationship to patient: _____

Their phone number and an alternative way to reach the contact: _____

What are your goals today? _____

Please tell us any allergies you might or do have:

_____

Please list any vitamins or supplements you are currently taking:

1.

2.

3.

American Specialty Health (ASH)
P.O. Box 509001, San Diego, CA 92150-9001
Fax: 877.248.2746

INITIAL HEALTH STATUS

Acupuncture

For questions, please call ASH at 800.972.4226

Patient Name_____ Birthdate_____ Primary Language_____ Sex M / F
Last First

Address_____ City_____ State____ Zip_____ Primary Phone_____

Employer_____ Occupation_____ Other Phone_____

Subscriber Name_____ Subscriber ID #_____ Group #_____

Primary Health Plan_____ Patient/Member ID #_____

2nd Health Plan_____ Primary Care Physician (PCP)_____ PCP Phone #_____
(Required) (Required)

Are you under the care of a physician? ☐ **No** ☐ **Yes, for what conditions?**_____

Please describe your current health problem(s)_____

How and When it began_____ Is this work related? Y / N

What treatment have you received for the above condition(s)? ☐ Surgery ☐ Medications ☐ Physical Therapy ☐ Injections ☐ Chiropractic ☐ Massage ☐ Other_____

Please describe your progress: ☐ Worse ☐ No Change ☐ 25% Better ☐ 50% Better ☐ 75% Better or_____

Circle your current pain areas: Head, Neck, Jaw, Shoulder, Arm, Elbow, Hand, Wrist, Upper Back, Low Back, Tailbone, Hip, Thigh, Knee, Ankle, Foot, Chest, Abdomen, Other_____ _____

No Pain 0 1 2 3 4 5 6 7 8 9 10 **Unbearable Pain**

In the past week, how much has your pain interfered with your daily activities?

No Interference 0 1 2 3 4 5 6 7 8 9 10 **Unable to carry on any activities**

How often are your symptoms present? ☐ Constantly ☐ Frequently ☐ Intermittently ☐ Occasionally

Describe your current health condition: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Please check all of the following that apply to you and list any medication(s) you are taking:

- ☐ Alcohol/Drug Dependence
- ☐ Abnormal Menstruation
- ☐ Allergies
- ☐ Angina
- ☐ Arthritis/ Rheumatoid Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Blood Disorder
- ☐ Breast Lumps
- ☐ Cancer/Tumor
- ☐ Convulsions/Seizures
- ☐ Diabetes
- ☐ Diarrhea/Constipation
- ☐ Excessive Thirst
- ☐ Fainting or Dizziness
- ☐ Fatigue
- ☐ Fever
- ☐ Frequent Urination
- ☐ Headache
- ☐ Heart Attack
- ☐ Heartburn or Indigestion
- ☐ High Blood Pressure
- ☐ Hospitalizations/Surgical Procedures_____
- ☐ Kidney Disease
- ☐ Liver Problems
- ☐ Osteoporosis
- ☐ Pacemaker
- ☐ Palpitation/Arrhythmia
- ☐ Peptic Ulcer
- ☐ Pregnant, # Weeks_____
- ☐ Prostate Problems
- ☐ Weight Gain/Loss
- ☐ Sinusitis
- ☐ Stroke
- ☐ Tobacco Use - Type_____ Frequency_____/Day
- ☐ Thyroid Disease
- ☐ Other_____
- ☐ **Medications**_____

If a family member has had any of the following, please mark the appropriate box and explain the relationship:

- ☐ Cancer_____
- ☐ Heart Disease_____
- ☐ Hypertension_____
- ☐ Lupus_____
- ☐ Other_____

Comments_____

I certify that the above information is complete and accurate to the best of my knowledge. If the health plan information is not accurate, or if I am not eligible to receive a health care benefit through this provider, I understand that I am liable for all charges for services. I agree to notify this provider immediately whenever I have changes in my health condition or health plan coverage. I understand that my provider of acupuncture services may need to contact my Primary Care Physician or treating physician if my condition needs to be co-managed. Therefore, I give authorization to my provider of acupuncture services to contact my medical doctor if necessary.

Patient signature_____ **Date**_____

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P.O. Box 509001, San Diego, CA 92150-9001
Fax: 877.248.2746

INFORMED CONSENT AND DISCLOSURE

For questions, please call ASH at 800.972.4226

INFORMED CONSENT:

_____
Acupuncture Provider

I hereby request and consent to acupuncture treatment and/or herbal supplement recommendations for me (or my legal charge) provided by the ASH Contracted Provider named above and/or other ASH Contracted Provider who may treat me. I understand that the ASH Contracted Provider will explain all known risks and complications, and I wish to rely on the ASH Contracted Provider to exercise judgment during the course of the procedure, which the ASH Contracted Provider determines is in my best interests. I may request another person of my choice to be present in the treatment room during treatment.

The ASH Contracted Provider has discussed with me the procedures listed below that may be used in my treatment. I have read the information below and understand the possible risk involved. I agree to the ASH Contracted Provider's use of this treatment (if indicated).

- **Acupuncture** is a safe and effective method of treatment. However, it can occasionally cause slight bleeding that usually resolves with pressing dry cotton on the spot where the skin is bleeding. It is also normal for the patient to have a temporary warm, tight, sore or tingling sensation at the acupuncture site.
- **Acupressure/TuiNa** involves rubbing, kneading, pressing, and stroking, etc., which may result in muscle soreness at the massage site that can last several days. This technique may require disrobing. I understand all attempts will be made to assure my privacy
- **Indirect Moxibustion** requires burning an herbal material near the skin or on an acupuncture needle. Every precaution is taken to prevent skin contact, but the possibility of skin contact and mild burns exists. ASH does not allow *direct* moxibustion where burning material contacts the skin.
- **Cupping** involves a localized suction produced by heating a small glass cup. There is a possibility of local bruising from the suction and slight burning or blistering due to the heat involved in the technique.
- **Gua Sha** involves scraping over a small area by using a smooth-edged instrument. There is a possibility that local bruising is likely to occur at the site where Gua Sha is performed.
- **Tapping, Plum Blossom, Bleeding, Pricking** all involve multiple needle pricks at a localized site. Slight bleeding and/or bruising at the treatment site is a likely occurrence. Only single-use needles are used in these procedures.
- **Electrical Stimulation/TENS** uses microcurrent electricity to stimulate acupuncture points. A mild tingling sensation of electricity will be felt.
- **Treatment Using Control Points Ren 1/Du 1.** In very rare cases, the Contracted Provider may recommend treatment using acupuncture points near the genital organs. If this is necessary, the Contracted Provider will notify me and will provide alternative treatments if I am uncomfortable with treatment using these points. I understand all attempts will be made to assure my privacy.

I have read, or have had read to me, the above consent, and have had the opportunity to ask questions and discuss this with my ASH Contracted Provider. I consent to the treatment that involves the above procedures for my present condition(s) and any future conditions. I have the right to refuse or discontinue any treatment at any time and understand that this refusal may affect the expected results.

Authorization for Release of Medical Information: I further understand that my ASH Contracted Provider or an ASH acupuncture clinical services manager may need to contact my medical physician when the ASH Contracted Provider or an ASH acupuncture clinical services manager have identified that my condition needs to be co-managed with my medical doctors. The conditions that may require co-management include but are not limited to; pregnancy related nausea, pain associated with Multiple Sclerosis, neuromusculoskeletal effects of stroke, pain/nausea related to cancer/tumor, chemotherapy related nausea, pain/nausea related to AIDS/ARC, pain or nausea related to surgery. This coordination of care intends to manage my health condition in my best interest and assure the optimal outcome of my acupuncture treatments. Therefore, I give my authorization to ASH to contact my medical physician if/when necessary.

Treatment of Pediatric Patients <3 Years. I understand that treatment of young children has some risk and should be coordinated with the child's physician. If I am signing for my child under the age of eighteen (18), I give my authorization to ASH to contact my child's medical doctor if/when necessary.

_____
Patient Name (please print)

_____
Patient ID Number

_____
Primary Care Physician (or specialist) Name

_____
Patient Signature

_____
Primary Care Physician (or specialist) Telephone

_____
Date

Wendy Stedeford Acupuncture
Notice of Privacy Practices

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

Wendy Stedeford Acupuncture is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide patients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Health Care Information

Treatment

We may disclose your health care information to other health care professionals within our practice for the purpose of treatment, payment, or healthcare operations.

For example:

On occasion, it may be necessary to seek consultation regarding your condition from other health care providers associated with Wendy Stedeford Acupuncture.

Payment

We may disclose your health information to your insurance provider for the purpose of payment or health care operations.

For example:

As a courtesy to our patients, we will submit an itemized billing statement to your insurance carrier for the purpose of payment to Wendy Stedeford Acupuncture for health care services rendered. If you pay for your health care services personally, we will, as a courtesy, provide you with an itemized superbill for your insurance carrier for the purpose of reimbursement to you. The billing statement contains medical information, including diagnosis, date of injury or condition and codes which describe the health care services received.

Workers' Compensation

We may disclose your health care information as necessary to comply with State Workers' Compensation laws.

Emergencies

We may disclose health information to notify or assist in notifying a family member or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes relating to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease or infection exposure.

Judicial and Administrative Proceedings

We may disclose your health information to law enforcement officials for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Deceased People

We may disclose your health information to coroners or medical examiners.

Organ Donation

We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

Research

We may discuss your health information to researches conducting research that has been approved by an Institutional Review Board.

Public Safety

It may be necessary to disclose your health information to appropriate people in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies
We may disclose your health information to for military, national security, prisoner and government benefits purposes.
Marketing
We may contact you for marketing purposes or fundraising purposes.
Change of Ownership
In the event that Wendy Stedeford Acupuncture is sold or merged with another organization, your health information/record will be given to the new owner.

Your Health Information Rights:

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Wendy Stedeford Acupuncture is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other thatn the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have the right to request that Wendy Stedeford Acupuncture amend your protected health information. Please be advised, however, that Wendy Stedeford Acupuncture is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation or our denial reason(s).
- You have the right to receive an accounting of disclosures of your protected health information made by Wendy Stedeford Acupuncture.
- You have the right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Wendy Stedeford Acupuncture reserves th right to amend this Notice of Privacy Practices at any time in the future and will make the new provisions effective for all information that it maintains. Until such amendment is made, Wendy Stedeford Acupuncture is required by law to comply with this Notice.
Wendy Stedeford Acupuncture is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about your privacy rights, please call the office at: 916.933.1221. If Wendy Stedeford is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

Complaints
Complaints about your privacy rights or how Wendy Stedeford Acupuncture has handles your health information should be directed to Wendy Stedeford by calling the above number. If Wendy Stedeford is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:
DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C., 20201

Now That I've Experienced Acupuncture, What Can I Expect?

Please Read Carefully!

Take it easy for the rest of the day! Usually, after an acupuncture treatment a patient can feel:

- Very relaxed
- Energized
- Pleasantly fatigued

If you feel like you need a nap- take one !

If you feel exhausted, and after taking a nap still feel tired, let your acupuncturist know the next time you come for a visit. Your acupuncturist will adjust the strength of the treatment to ensure that it doesn't make you too tired.

Very infrequently a patient can experience other sensations. If you have any questions about anything after your treatment, please don't hesitate to call. Acupuncture is usually a new experience for most people and so it is hard to anticipate what to expect.

Take note of any changes that occur between this appointment and the next . Your acupuncturist will ask you about any changes. Because traditional Chinese Medicine (TCM which includes acupuncture and herbs) doesn't differentiate between the emotional, mental and physical planes when treating, you may experience changes in any of these areas. Usually, after the first treatment your acupuncturist will begin the next visit by asking if there have been any changes for you. TCM is an accumulative treatment process. Most patients want to know how many treatments it will take until they can be finished with TCM. Without wanting to sound vague, it depends on what your chief concern (s) is/are. Usually a patient comes either once or twice a week for the early stages of treatment. The time between visits usually lengthens until the patient needs to come in for maintenance or they have recovered. I ask how long the patient has lived with the chief concern to illustrate that it usually takes a long time for the patient to reach the place where they are, unless it was an acute onset, and that the TCM work will take much less time. Occasionally, but not often, one treatment is enough. If you don't feel any changes by your third visit, you and your acupuncturist should reevaluate what needs to happen.

What can I do to make the most of my treatments?

- Eat within at least 4 hours BEFORE a treatment but don't come for a visit having eaten a huge meal.
- Do not consume large amounts of alcohol before or after a treatment
- No vigorous activity before or after a treatment
- Take your herbs regularly
- Ask your acupuncturist any questions which come up for you!

Thank you for your visit! We are committed to giving you the best TCM care available. I believe passionately in the power of TCM and have spent years both academically and clinically learning and witnessing the benefits of this medicine. TCM has a 4,000 year record of helping people. It is relatively new to the U.S. but don't let that fool you. After 4,000 years this is not the latest fad but a proven philosophy of medicine (one of many thank goodness) which I hope will be of benefit to you.

Call for questions or appointments:

El Dorado Hills 916.933.1221 **Folsom** 916.355.1250