



Policy Agreement-Acupuncture Services

Financial Terms: I understand that I will be responsible for all charges due at the time of service.

Cancellation Policy: Acupuncture appointments have a 1- or 2-hour block of time scheduled just for you. If you do not show up for your appointment, no one else is able to use this time. We require 48 hours advance notice for the cancellation of all appointments. **If I do not receive this notice, you may be charged up to the full amount of the missed appointment.** Therefore, this fee will be due prior to your next appointment. You will receive a reminder (call/text/email) 48 hours prior to your appointment. Please keep your scheduled appointments to avoid this fee. This agreement is acknowledged by a credit card number on file to hold any appointments.

Return Policy: Supplements and herbs can only be returned if they are unopened AND if it has been less than 30 days since the product was purchased, with a receipt present. Please note that there is a 20% restocking fee for all returns. Perishable items such as fish oil and probiotics cannot be returned. * Special order supplements- not normally carried in the store are **NON-REFUNDABLE** and must be paid in full at time of order.

Privacy Terms: I keep a record of the healthcare services I provide you. Applicable state and federal laws protect the confidentiality of your medical information and grant you the right to see or obtain a copy of the record we keep. I will not disclose your medical information to others unless you direct me to do so or applicable laws authorize or compel me to do so.

Parents: Children need to be supervised at all times. We cannot have children running in the halls or being loud as we have spa treatments being done in our facility. You are welcome to go for a walk while waiting for your appointment if necessary. **When fireplace is on it is very hot to the touch.** If touched there is a risk of being burned. Please supervise your child at all times. By signing this policy you agree to release Pacific Natural Medical Center of any liabilities caused by failure to comply. _____(Initials)

Cell Phones: Please do not use cell phones in the office. You are welcome to step outside to make or receive a call. By signing this policy agreement you consent to comply with our policies. We look forward to serving you and your healthcare needs.

PLEASE NOTE: Patients are advised to maintain continued care and follow up with their current specialist.

I have read, understand and agree to comply with the terms of your office Policy.

X

Signature of Patient/Guardian

Date