



SANTA ROSA
COMMUNITY
ACUPUNCTURE
healthy body • healthy mind • healthy budget
中醫診所

Welcome to our community!

Please take a moment to read through these 2 pages so you can get a sense of what to expect.

We are delighted that you are interested in joining our community!

What's Different About Santa Rosa Community Acupuncture?

► *We treat in a community setting*

Most acupuncturists in the U.S. treat patients on tables in individual rooms. This is not traditional in Asia, where acupuncture usually occurs in a community setting. Our clinic is filled with comfortable recliners clustered in groups in a large, quiet, soothing space. Treating patients in a community setting has many benefits: it's easy for friends and family members to come in for treatment together; many patients find it comforting; and a collective energetic field becomes established which actually makes individual treatments more powerful. The style of acupuncture we practice at SRCA allows patients to keep their needles in as long as they want, and the "right" amount of time varies from patient to patient. Most people learn after a few treatments when they feel "done"; this can take from twenty minutes to a couple of hours!

► *We have a sliding scale*

Most U.S. acupuncturists also see only one or two patients per hour and so need to charge more per treatment to cover their expenses. Intake interviews tend to be elaborate and lengthy, too. At SRCA, we have returned to the traditional approach, seeing multiple patients at a time and relying primarily on pulse diagnosis to decide how to treat you. This is exactly how acupuncture is practiced traditionally in Asia—many patients per hour and very little talking. The great thing is, it is also very effective! Because we have a sliding scale, we cannot bill insurance (that's the insurance companies' rule). If you have insurance that covers acupuncture, we'll be happy to give you a payment receipt, and then you can submit it.

► *Our commitment to you*

We want to make it possible for you to receive acupuncture regularly enough and long enough to get better and stay better. We want our community to be welcoming to all different kinds of people. We want to give you the tools to take care of your own health so that you will not need to rely on corporations like Big Insurance or Big Pharmaceuticals for costly, high-tech interventions. We will provide a safe environment with skilled practitioners.

What We Need From You

► *Responsibility*

SRCA does not provide primary care medicine. Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. If you think you might have a serious medical problem or if you want someone to go over the details of your medical history, you need to see a primary care physician (ND, MD, or DO). We can provide some excellent, affordable referrals, even if you have no insurance coverage. We can provide complimentary care for conditions which also require a physician's attention—for instance, we often treat patients for the side effects of chemotherapy, Lyme disease, hepatitis, etc. But we need you

to take responsibility for your own health. SRCA does not receive grants, state or federal money, or insurance reimbursement. We exist because patients pay for their treatments—it's a sustainable business model.

► *Flexibility*

The community setting requires some flexibility from you. For instance, many patients have a favorite recliner. When we are busy, someone may be sitting in yours. Similarly, we have a few patients who snore. Other patients who dislike snoring bring earplugs to their treatments. We are grateful for this! Some of our patients even bring favorite pillows or blankets from home with them, because they prefer theirs to ours. That's fine with us. Basically, we need you to participate in making yourself comfortable in the community room before we treat you.

If you need to be somewhere at a certain time, please let us know when you come in. We'll make sure you're out on time. In general, if you feel done, open your eyes and give us a meaningful look—if your eyes are closed, we think you're asleep and we won't wake you up.

► *Community-Mindedness*

The soothing atmosphere in our clinic exists because all of our patients create it by relaxing together. We appreciate everyone's presence! This kind of collective stillness is a rare and precious thing in our rushed and busy society. Maintaining this reservoir of calm requires that no one talk very much in the clinic space. If you would like to speak to a practitioner one-on-one at any length, please let us know. If you want to have a substantial conversation, we will probably need to schedule that separately. Part of our success is that our patients learn the "routine" and take on a lot of responsibility for the appointments. Please reschedule and pay for your treatments at the front desk or online BEFORE your appointment so you can thoroughly relax. Please refrain from wearing perfume or strong scents. Please talk in hushed tones. Please wear loose clothing, and pull up your sleeves and pant legs when you situate yourself in a recliner. Please take all personal belongings (bags, shoes, etc.) with you back into the treatment room. And of course, please turn off your cell phone when you enter the clinic.

► *Commitment*

Acupuncture is a PROCESS. It is very rare for any acupuncturist to be able to resolve a problem with one treatment. In China, a typical treatment protocol for a chronic condition could be acupuncture every other day for three months! Most of our patients don't need that much acupuncture, but virtually every patient requires a course of treatment, rather than a single treatment, in order to get what they want from acupuncture.

One big reason that we are able to keep our prices so low is because of the extraordinary amount of marketing our patients do on our behalf—we don't have to advertise. We cannot express how grateful we are for this. Our patients are such effective marketers because they have first-hand experience of how well acupuncture works. All of our satisfied patients have made a commitment to a course of treatment. On your first visit, your acupuncturist will suggest a course of treatment, which can be anything from "we'd like to see you once a week for six weeks" to "we'd really like to see you every day for the next four days". This suggestion is based on our experience with treating different kinds of conditions. If you don't come in often enough or long enough, acupuncture probably won't work as well for you as it could. The purpose of our sliding scale is to help you make that commitment. If you have questions about how long it will take to see results, please ask us, or if you think you need to adjust your treatment plan, please let us know. We need you to commit to the process of treatment in order to get good results.

And, last, but not least...please enjoy the space. We do, and hope that Santa Rosa Community Acupuncture can be an important part of your community.

Thank you,
Viola, Derek, and the
Santa Rosa Community Acupuncture Staff



SANTA ROSA
COMMUNITY
ACUPUNCTURE
HEALTHY BODY • HEALTHY MIND • HEALTHY BUDGET

COVID-19 INFORMED CONSENT TO TREAT

To proceed with receiving care, I confirm and understand the following:

I confirm that I have not experienced any of the following symptoms in the last 14 days and that I cannot attribute these symptoms to other health conditions:

- | | | |
|------------------------------|-----------------------------|---------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | COUGH |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | SHORTNESS OF BREATH |

Nor have I experienced at least 2 of the following symptoms:

- | | | |
|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | FEVER 100°F OR HIGHER |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | CHILLS |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | REPEATED SHAKING WITH CHILLS |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | NEW MUSCLE PAIN |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | NEW HEADACHE |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | NEW SORE THROAT |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | NEW LOSS OF TASTE OR SMELL |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | DIARRHEA |

I understand that travel increases my risk of contracting and transmitting the COVID-19 virus.

I verify that in the last 14 days, I have not traveled out of Sonoma County by commercial airline, bus, or train.

If I test positive for COVID-19 or if I have been in close contact with someone who has tested positive within 14 days of an appointment at Santa Rosa Community Acupuncture, I agree to notify you.

I am informed that Santa Rosa Community Acupuncture has implemented preventive measures intended to reduce the spread of COVID-19. I understand any potential health risks and I do not hold Santa Rosa Community Acupuncture, Kang Shou Acupuncture, Prof. Corp, or their staff liable.

I have read, or have had read to me, the above COVID-19 informed consent to treat. I appreciate that it is not possible to consider every possible complication of care. I knowingly and willingly consent to the treatment with the full understanding of the risks associated with receiving care during the COVID-19 pandemic. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future conditions for which I seek care.

Signature _____ Name _____ Date _____

Provider Signature _____ Date _____



PATIENT INFORMATION

Date of first visit _____

Name _____

Address _____

City State Zip _____

Age _____ Birthdate _____ / _____ / _____

Occupation _____

Where do you work? _____

Primary physician _____

Home phone _____

Cell/Other phone _____

Email _____

Another person we may contact if needed:

Name/Relationship _____

Phone _____

How did you hear about us? _____

Are you new to acupuncture? Yes _____ No _____

What are your primary concerns/complaints?

1) _____
Onset: _____ Severity: _____

2) _____
Onset: _____ Severity: _____

3) _____
Onset: _____ Severity: _____

How is your sleep? _____

How would you describe your energy level? _____

How is your digestion? _____

List medications, supplements or herbs you are taking:

Are you taking blood thinners? Yes _____ No _____

List serious accidents or surgeries: _____

Are you pregnant? Yes _____ No _____ wk

Are you interested in taking Chinese Herbs?
Yes _____ No _____ Maybe _____

☐ HIV+ / AIDS ☐ Anemia
☐ Arthritis ☐ Asthma
☐ Cancer _____
☐ Autoimmune disorder _____
☐ Bleeding disorder ☐ Diabetes I or II
☐ Heart disease ☐ Hepatitis B or C
☐ High blood pressure Controlled? ☐ Yes ☐ Not sure
☐ Pacemaker ☐ Stroke

☐ Erection difficulties ☐ Prostate trouble
☐ Low libido ☐ Hemorrhoids
☐ Herpes ☐ PMS
☐ Fibroids ☐ Miscarriages
☐ Meno/perimenopause symptoms _____
☐ Severe allergies

Is there anything else you'd like us to know about you?:

ACUPUNCTURIST'S NOTES



SANTA ROSA
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ACUPUNCTURE

Patient Name (please print clearly): _____

RELEASE OF LIABILITY FOR LOST OR STOLEN GOODS

Santa Rosa Community Acupuncture is not responsible for lost or stolen goods. Please do not bring valuables into the treatment room. We cannot guarantee their safety.

_____ I release Santa Rosa Community Acupuncture from liability for lost or stolen goods.

PRIVACY POLICY

In accordance with HIPAA (Health Insurance Portability and Accountability Act) regulation and California Law, SRCA takes the right to your privacy seriously. Therefore, we do not disclose any personal, health, financial, or any other information about you, or the services we provide to you to any third parties without your request or permission. This also includes online services we provide, including access to your appointment information, user-ID, or password.

As healthcare practitioners and administrators, we are also responsible for staying up-to-date with HIPAA regulations and for properly training all staff members and new employees to insure that your personal health information is not compromised. If at any time you have a concern or complaint about your privacy, please contact SRCA's privacy officer, or the Office of Civil Rights of the US Department of Health and Human Services.

_____ I understand Santa Rosa Community Acupuncture's Privacy Policy.

FINANCIAL POLICY

Santa Rosa Community Acupuncture makes every attempt to make acupuncture and Chinese Herbal Medicine available to as many people as possible, at the most affordable rates.

HOW SLIDING SCALE WORKS:

You decide what you can afford to pay within the scale in order to get the frequency of care that you need. No income verification of any kind is required. If you have not been negatively impacted financially by COVID-19, please consider paying a higher rate on the scale to help us stay in business and continue providing excellent care to our community.

In respect for our intention to offer high-quality health care at affordable prices, we ask for a minimum 24 hour advance notice for a change or cancellation of appointment.

All appointments that are canceled with less than 24-hour notice and appointments missed without notice will be charged \$25 for that appointment. If appointments have been purchased in a package, the missed, cancelled or rescheduled appointment will be deducted from the number of remaining appointments in that package.

There will be a \$30 fee for any returned checks.

Thank you for your understanding,
Santa Rosa Community Acupuncture Staff

By signing below, I agree to the policies, consents and release of liability as set forth on the entirety of this document.

Signature _____ Date _____ / _____ / _____

ACUPUNCTURE INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of 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 the acupuncturist indicated below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. 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. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Santa Rosa Community Acupuncture

535 7th St
Santa Rosa, CA 95401

ACUPUNCTURIST NAME:

(Date)

PATIENT SIGNATURE

X

(Or Patient Representative)

(Indicate relationship if signing for patient)

ALSO SIGN THE ARBITRATION AGREEMENT ON REVERSE SIDE