



WELCOME TO OUR COMMUNITY!

Please take a moment to read through these two pages so you can get a sense of what to expect. We are delighted that you are interested in joining our community!

► 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. 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; the group healing dynamic makes individual treatments more powerful. Our clinic is filled with comfortable recliners in a large, quiet, and soothing space. 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 between twenty minutes and an hour!

► We have a sliding scale

Most U.S. acupuncturists also see only one or two patients per hour. This means they need to charge more per treatment to cover their expenses. Intake interviews tend to be elaborate and lengthy, too. Here at SRCA, we take the traditional approach, seeing multiple patients simultaneously and relying on targeted questions, pulse, and tongue diagnosis to determine your treatment. This is how acupuncture is practiced in Asia: multiple patients per hour and very little talking. The great thing is that it is also very effective! Because we have a sliding scale, we cannot bill insurance; that's the insurance company's rule. If you have insurance covering acupuncture, we will happily provide you with a payment receipt to submit to your insurance company for reimbursement.

► 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 aim to support and foster a community of people from all walks of life and help you develop the tools needed to optimize your wellness.

WHAT WE NEED FROM YOU

► Responsibility

SRCA does not provide primary care medicine. Acupuncture is a wonderful compliment to Western medicine, but it is not a substitute for it. If you think you have a severe medical problem or want someone to review your medical history details, 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 requiring a physician's attention. For instance, we often treat patients for the side effects of chemotherapy, Lyme disease, hepatitis, and more, but we need you to take responsibility for your 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

A community setting requires some flexibility from you. For instance, we have a few patients who snore. Patients who dislike snoring bring earplugs to their treatments. We are grateful for this! Some of our patients even bring their favorite pillows or blankets from home with them. That's fine with us. We encourage you to do whatever you need to be comfortable in the community room before we treat you.

We are flexible, too! If you have somewhere to be at a specific time, please let us know when you come in. We will make sure you're out on time. If you feel done or need to leave the treatment room, open your eyes and clear your throat. If your eyes are closed, we will think you are asleep and won't get 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 just a few things. Speak in hushed tones. Please let us know if you would like to speak to a practitioner one-on-one at any length. 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 most responsibility for their appointments. Please book online. If you have any issues or questions about booking online, we will happily help you.

Please arrive on time, keep your credit card updated on our booking platform, and respect our 24-hour cancellation/rescheduling policy. Lastly, we ask that you consider paying as much as you can afford. This helps keep treatments affordable for everyone and allows our staff to make a sustainable living wage. We want to continue to serve our community for years to come, and you help make that possible.

To respect others' sensitivities, we ask that you refrain from wearing perfume or strong scents. The waiting area is small. Please bring all personal belongings with you to the treatment room. There are baskets beside each chair for your use. Lastly, please silence your cell phones immediately upon entering the clinic. If you need to take a call, please step outside.

► Commitment

Acupuncture is a PROCESS. It is very rare for any acupuncturist to be able to resolve a problem within 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 acupuncture rather than a single treatment to achieve what they want from acupuncture.

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 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.

Last but not least, please enjoy the space and share your experience! You can leave us a review on Google or Yelp. Patient testimonials play a massive part in extending our care to others needing healing. You can also stay connected with us by following our Facebook, Instagram, and Nextdoor. What a pleasure it is to be a part of your community and healing.

Thank You,
Santa Rosa Community Acupuncture ❤️



Patient Name (please print clearly):

First

Last

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 stolen or lost goods.**
Initial

PRIVACY POLICY

Under HIPAA (Health Insurance Portability and Accountability Act) regulations and California law, SRCA takes your right to privacy seriously. Therefore, we do not disclose any personal, health, financial, or any other information about you or the services we provided you, including access to your appointment information, user ID, or password.

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

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

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 to get the needed frequency of care. No income verification is required, and every patient receives the same high level of care no matter their chosen scale price. Please consider paying a higher rate on the scale to help us stay in business and continue providing excellent care to our community.

► Cancellations & Missed Appointments:

Respecting our commitment to high-quality health care at affordable prices, we require a minimum of 24-hour advanced notice for a change or cancellation of the appointment.

All canceled or missed appointments with less than 24-hour notice are charged a flat fee equal to the lowest price on our sliding scale. If you have an Easy Card, the missed or canceled appointment will be deducted from the remaining appointment times in that package. There will be a \$35 fee for any returned checks.

Thank you for your time and understanding,
Santa Rosa Community Acupuncture

Signature: _____ **Date:** ____ / ____ / ____

NEW PATIENT REGISTRATION AND HEALTH QUESTIONNAIRE

Patient Information	Contact Information
<p>Date of First Visit: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____, _____, _____</p> <p>Age: ____ Birthdate: ____/____/____</p> <p>Where do you work? _____</p> <p>Primary Physician: _____</p>	<p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Email: _____</p>
Emergency Contact	
<p>Name: _____</p> <p>Cell Phone: _____</p> <p> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Child <input type="checkbox"/> Other </p>	
Primary Concerns	Health History
<p>1.) _____</p> <p>Circle severity on scale of 1-10 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center; margin-left: 100px;">Mild Moderate Severe</p> <p>2.) _____</p> <p>Circle severity on scale of 1-10 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center; margin-left: 100px;">Mild Moderate Severe</p> <p>3.) _____</p> <p>Circle severity on scale of 1-10 1 2 3 4 5 6 7 8 9 10</p> <p style="text-align: center; margin-left: 100px;">Mild Moderate Severe</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Digestion: <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Bad</p> <p>Energy: <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Bad</p> <p>Sleep: <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Bad</p> <p>Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div style="width: 45%; border: 1px solid #ccc; padding: 5px;"> <p>Open to taking Chinese Herbs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p> <p>Are you taking blood thinners?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>New to acupuncture ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Allergies? _____</p> <p>_____</p> </div> </div>	<p> <input type="checkbox"/> HIV+/AIDS <input type="checkbox"/> Anemia <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Auto Immune Disorder _____ <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Diabetes I or II <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hepatitis B or C <input type="checkbox"/> High Blood Pressure <u>Under control?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pacemaker <input type="checkbox"/> Stroke <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Herpes <input type="checkbox"/> Erection Difficulties <input type="checkbox"/> Prostate Trouble <input type="checkbox"/> Low Libido <input type="checkbox"/> PMS <input type="checkbox"/> Fibroids <input type="checkbox"/> Miscarriages <input type="checkbox"/> Meno/Perimenopause </p>
List serious accidents or injuries:	
<p>_____</p> <p>_____</p>	
Is there anything else you'd like us to know about you?	
<p>_____</p> <p>_____</p> <p>_____</p>	
Acupuncturist's Notes:	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
List medications, supplements, or herbs you are taking:	
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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 Santa Rosa Community Acupuncture (SRCA) who now or in the future treat me while employed by working or associated with or serving as back-up for SRCA, including those working at the clinic or any other office or clinic, whether signatories to this form or not.

I understand that treatment methods 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 preparation 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 clinical staff member of any unanticipated or undesirable 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, dizziness, or fainting. Burns and scarring are a potential risk of moxibustion and cupping when the treatment involves using heat lamps. Bruising is a common side effect of cupping. Unusual hazards of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses small sterile needles and maintains a clean and safe environment.

I understand that while this document describes significant risks of treatment, other side effects and risks may occur. The recommended herbs and nutritional supplements (from plant, animal, and mineral sources) are traditionally considered safe in 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 that the clinical and administrative staff may review my patient records and lab reports, which will be kept confidential and never 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 any future condition(s) for which I seek treatment.



Acupuncturist: _____ Santa Rosa Community Acupuncture _____ **Date:** _____

Patient Signature: _____ **Date:** _____

(Or Patient Representative)

Indicate relationship to patient if signing: _____

ALSO SIGN THE ARBITRATION AGREEMENT ON REVERSE SIDE

ARBITRATION AGREEMENT

▶ **Article 1: Agreement to Arbitrate:** I understand that any dispute as to medical malpractice, including any medical services rendered under this contract, were unnecessary or unauthorized or were improperly, negligently, or incompetently caused, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process, except as state and federal law provides for judicial review of arbitration proceedings. By entering into it, both parties to this contract are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead accept arbitration.

▶ **Article 2: All Claims Will Be Arbitrated:** I understand that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, as to whether this agreement is unconscionable, and any procedural conflicts are determined by submission to binding arbitration. The parties intend that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider, including any heirs or past, present, or future spouse(s) of the patient concerning all claims, including loss of consortium.

This agreement binds any children of the patient, whether born or unborn, at the time of the occurrence, giving rise to any claim. This agreement also binds the patient, healthcare provider, and/or other licensed healthcare providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with, or serving as a backup for the healthcare provider, including those working at the health care providers clinic or office or any other clinic or office whether signatories to this form or not.

▶ **Article 3: Procedures and Applicable Law:** A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days, and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with the other costs of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's benefit. Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to a neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court of action. Upon such intervention and joinder, any existing court action against such other person or entity shall be stayed pending arbitration. The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within the Arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted under this Arbitration Agreement.


▶ **Article 4: General Provision:** All claims based upon the same incident, transaction, or related circumstances will be arbitrated in one proceeding. A claim will be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim under the procedures prescribed herein with reasonable diligence.

▶ **Article 5: Revocation:** This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and, if not revoked, will govern all professional services received by the patient and all other disputes between parties.

▶ **Article 6: Retroactive Effect:** If the patient intends for this agreement to cover services rendered before the date it is signed (for example, emergency treatment), the patient should initial here _____. Effective as of the date of first professional services.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION, AND YOU ARE GIVING UP YOUR RIGHT TO JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

	Patient Name: _____ Date: _____
	Patient Signature: _____