

Natural Alternatives Institute of Healing Arts, PLLC.

Notice of Privacy Practices

We know that your privacy is important to you. At Natural Alternatives Institute of Healing Arts, PLLC. We are committed to protecting it.

To explain the way Natural Alternatives Institute of Healing Arts, PLLC, handles customer Information, we are providing a "Notice of Privacy Practices" Policy to you.

Protecting your privacy is a priority to us. Natural Alternatives Institute of Healing Arts, PLLC, does not share information about you with anyone without your written consent, except as explained in our Notice of Privacy Practices Policy. This policy complies with all applicable state and federal laws relating to the confidentiality of medical records. We want to make sure you know how we protect your privacy. This policy, as well as all other policies and procedures may be updated as appropriate according to the current state and federal laws and are available on site for your review upon request.

We do not provide a third party with any information about you without your written consent. We will share only specific information to a third party payer (insurance company) or practitioner only upon your written request to do so, provided the appropriate form has been completed indicating your request. Again, unless otherwise provided by law, all medical records and the information contained in medical records are privileged and confidential.

Every person undergoing evaluation or treatment shall: Have the right not to be fingerprinted. Have the right not to be photographed without consent of the person and his attorney or guardian, except that he may be photographed upon admission to an agency for identification and administrative purposes of the agency. All photographs shall be confidential and shall not be released by the agency except pursuant to court order.

Confidentiality for Mental Health Records

Recognizing the importance of confidentiality in the treatment of mental illness, the State of Arizona has put in place privacy guarantees with respect to the treatment records of mental health patients. The most important of these protections renders mental health records absolutely privileged. The Notice of Privacy Practices policy complies with all applicable state and federal laws relating to the confidentiality of mental health medical records.

Information Storage

The security of your information is a priority to us. We may maintain physical, electronic, and procedural safeguards that comply with federal standards to protect customer information. Natural Alternatives Institute of Healing Arts, PLLC. may store the information collected during your visit in an electronic database. Natural Alternatives Institute of Healing Arts, PLLC, uses security measures to protect against the loss, misuse and alteration of data stored in our systems. Alternatives Institute of Healing Arts, PLLC, or its representatives will never sell or give your personal information to an individual or company for the purpose of marketing or advertising.

Directions from the 101 freeway: Take the Exit 43, or "Via De Ventura" and turn west. At approximately .5 miles turn right at the light at "Via De Negocio". Turn left into the third building at 8130 N Via De Negocio. Brown 2 story building. Upstairs, Suite #200.

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Natural Alternatives Institute of Healing Arts, PLLC., and its representatives may use and disclose protected health information (PHI) about me to carry out treatment, payment, and healthcare operations (TPO). Please refer to Natural Alternatives Institute of Healing Arts, PLLC's Notice of Privacy Practices for a more complete description of such uses and disclosures. I have the right to review Notice of Privacy Practices prior to signing this consent. I acknowledge that a copy of the HIPPA Notice of Practices was made available to me. I was given the opportunity to view a copy of the Notice, which describes how health information about me may be used, disclosed, and how I can get access to this information

Natural Alternatives Institute of Healing Arts, PLLC. and its representatives reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to:

Natural Alternatives Institute of Healing Arts, PLLC.

8130 N. Via De Negocio

Scottsdale, AZ, 85258

Phone: 480.820.5898

With my consent, the office staff may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care. This office may also mail, or e-mail, to my home or other designated location any items the assist the practice, such as patient billing statements.

I have the right to request this practice to restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Natural Alternatives Institute of Healing Arts, PLLC. and its representatives, use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing, except to the extent that the practice has already made disclosures, in reliance upon my prior consent. If I do not sign this consent, treatment may be declined, provided by Natural Alternatives Institute of Healing Arts, PLLC. and its representatives.

Signature of Patient or Legal Guardian

Date Signed

Patient's Name (Printed)

Natural Alternatives Institute of Healing Arts, PLLC

CONSENT FOR TREATMENT

PLEASE READ THIS DOCUMENT CAREFULLY AND COMPLETELY. SIGN BELOW INDICATING THAT YOU HAVE READ THIS PAGE. YOUR SIGNATURE INDICATES THAT YOU HAVE READ THE DOCUMENT, HAD YOUR QUESTIONS ANSWERED, UNDERSTAND THE EXPECTATIONS AND RISKS ASSOCIATED WITH ACUPUNCTURE AND COMPLEMENTARY/ALTERNATIVE MEDICINE AS DEFINED BELOW.

This is an informed consent that explains the expectation and risks associated with *Acupuncture, Oriental Medicine, Complementary and Alternative Medicine*. Please be advised that this treatment is not a surgical procedure, Natural Alternatives Institute of Healing Arts, PLLC, seeks to achieve, in cooperation with the client/patient, the balancing of the body's energetic systems towards the goal of symptoms relief and preventative health education and maintenance. An Acupuncture treatment involves the insertion of an acupuncture needle to the body. According to the theory of Traditional Chinese Medicine there are meridians or pathways of Qi (energy) that flow throughout the entire body. Therefore, it is possible for Acupuncture to address the energy of the entire body. As with Traditional Chinese medicine treatments, like acupuncture, they involve the patient in a gradual, healthful process that I Marcelle Hanish, RN, LAc, customize for each individual. Your treatments include other modalities in conjunction with the acupuncture and will be explained if they are required for your care.

ALTERNATIVE TREATMENTS:

WE ARE NOT ALLOPATHIC MEDICAL PHYSICIANS and make no claims to be such. The Natural Alternatives Institute of Healing Arts, PLLC, is not a replacement for any advice you might seek from your physician(s) or other health care providers. Allopathic medical diagnosis and/or treatment are not utilized as a part of the regimen.

RISKS OF ACUPUNCTURE OR COMPLEMENTARY OR ALTERNATIVE MEDICINE:

Similar to other methods of medicine, the various methods that are utilized by complementary medicine may have potential undesirable and/or adverse effects to the participant. The use of acupuncture needles has the potential for any of the following to occur: Infection, bleeding, bruising, stuck needle, broken needle, or pain upon insertion, or at the insertion site. As with acupuncture in general, when a needle is removed some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally, a bruise or hematoma may appear. With bruising, it is important that you wear sunscreen when going outside. The use of Chinese or Korean 'Cups' for use in the "Cupping" procedure may cause blistering, bleeding, bruising, and/or temporary or permanent scarring in some persons. The use of Chinese Moxibustion may cause blistering, minor burns, and/or temporary or permanent scarring in some persons.

FINANCIAL RESPONSIBILITIES

The fees for service include the office visit and treatment only. Supplements and/or Herbal products are not included in the fee for service.

DISCLAIMER: Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment. They are not intended to define or serve as the standard of acupuncture. However, informed consent documents should not be considered all-inclusive in defining other methods of care and potential risks. Standards of acupuncture are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. I may provide you with additional or different information that is based on the facts in your particular case and present state of knowledge within the field of acupuncture.

CONSENT FOR TREATMENT:

I understand that there is several styles acupuncture. I recognize that during the course of acupuncture treatments, unforeseen conditions may necessitate different procedures other than those listed above. I therefore authorize the above acupuncturist and assistants to perform such other procedures required in his or her professional judgment and within his or her scope of practice. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is undertaken. I hereby authorize Marcelle Hanish, RN, and LAc. And her assistant(s) to perform Acupuncture, Oriental Medicine and/or procedures considered within the scope of practice for "Complementary" defined as any of the practices (as acupuncture) or alternative medicine accepted and utilized by mainstream medical practitioners; "Alternative" defined as any of various systems of healing or treating disease (as chiropractic, homeopathy, or faith healing) not included in the traditional medical curricula taught in the United States and Britain. (Source Merriam-Webster.)

My signature below indicates that:

1. It has been explained to me in a way that I understand that there are:
 - a). risks involved with the procedure
 - b). that I have alternatives available to me for in relation to my condition
 - c). how the treatment or exposure involved with the protocol will be undertaken.
2. Marcelle Hanish, RN, LAc. Has addressed my questions and expectations.
3. I acknowledge that no guarantee has been given to me by anyone as to the results that may be obtained.
4. If applicable, I authorize the release of medical information. In that same vein, I have received a copy of Marcelle Hanish, RN, LAc.'s HIPPA statement.

Patient signature or Legal Guardian

Date

Natural Alternatives Institute of Healing Arts, PLLC

www.BestBodyBalance.com

Client Fee Agreement

Currently "Natural Alternatives Institute of Healing Arts, PLLC" cannot accept as reimbursement, the billing of insurance companies for services provided. Client acknowledges that therapies, equipment and materials may be considered by some insurance companies to be non-reimbursable. Payment will be accepted as services are rendered. "Natural Alternatives Institute of Healing Arts, PLLC" has the ability, upon request to provide you with a "Super Bill" that may be used to request reimbursement from any insurance company.

Member name/person financially responsible (Print Name): _____ Date: _____

<u>Services Requested</u>	<u>Cost</u>
Allergy Elimination and Acupuncture Every 10 th Visit is Free	
[] BioCranial Therapy ~ Initial Visit: Includes Evaluation Only	50 50
[] Allergy Elimination Initial Allergy Focused Visit: Includes Evaluation Only	60 75
[] Acupuncture or Auricular Therapy Initial Visit: Includes Evaluation Only	75 75
[] Cosmetic Procedures (series of 10 visits) <i>No Needle Face Lift ~ includes Neck *11th Visit Free</i>	120
[] Multiple Family Members at same visit \$50 per session <i>*BEST Family Value!</i>	
[] Add BioCranial to any Visit	25

I agree that I am responsible for my bill and that I agree to pay a \$25.00 service charge for any returned checks. *I further agree to give a 24 hour notice for cancelled appointments or pay the rate agreed upon above.*

In the event of a financial dispute over services rendered or the bill, I agree to settle the matters with *arbitration*. This means that I am giving up my rights to a jury trial, which will allow a judge to decide the outcome. Furthermore I am responsible for my own legal fees. I am joining as a Patient and agree to all the above terms and conditions.

Signed Today's Date: _____ Client Signature: _____

If under eighteen (18) Years of Age: (Signature of Parent/Legal Guardian): _____

Natural Alternatives Institute of Healing Arts, PLLC

Personalized Health Profile Questionnaire

Please answer all of the questions as accurately and completely as you can. All of your responses will be held in the strictest confidence and will not be released to any outside organization without your written permission.

Name: _____ DOB: _____ Date today: _____

Address: _____ City: _____ State: _____

Phone: _____ Cell: _____ email: _____

Presenting Problem: In your own words; what symptoms are bothering you the most?

Describe Symptoms	Scale of 1 to 10 '10' is "Worst"	Date Began
1).		
2).		
3).		
4).		
5).		
6).		

Have you had any Major Injuries or Surgery? If 'Yes' List all below:

Type	Age/Year	Any problems now?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Below list all prescription drugs, herbs, etc. that you are currently taking and what they are for:

Drug/Herb	For what symptom?	For How long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any Allergies that you are aware of? Give the allergy substance & describe what happens to you? Include: Foods, Weather Conditions, Drugs, Contactants, Inhalants and Environmental or Other:

Which of the following best describes your current stress(es)?

Family Financial Work Personal Illness
 Sleep disruption Travel Other _____

Are these stresses keeping you from following a balanced nutrition and lifestyle program? Yes No

What is the average number of times per week that you eat or use the following (i.e., 1, 3, or 7 times per week).

<input type="checkbox"/> Coffee	<input type="checkbox"/> Tea	<input type="checkbox"/> Herbs	<input type="checkbox"/> Drugs	<input type="checkbox"/> Garlic	<input type="checkbox"/> Perfume
<input type="checkbox"/> Chocolate	<input type="checkbox"/> Caffeine	<input type="checkbox"/> Oils	<input type="checkbox"/> Liniments	<input type="checkbox"/> Lotions	<input type="checkbox"/> Cologne
<input type="checkbox"/> Beer	<input type="checkbox"/> Salt	<input type="checkbox"/> Fruit juice	<input type="checkbox"/> Brown sugar	<input type="checkbox"/> MSG	<input type="checkbox"/> Artificial sweeteners
<input type="checkbox"/> Candy	<input type="checkbox"/> Wine	<input type="checkbox"/> Tobacco	<input type="checkbox"/> White sugar	<input type="checkbox"/> Fried foods	<input type="checkbox"/> Artificial creamers

