



ACUPUNCTURE PATIENTS' RIGHTS AND CONSENT FORM

CONTACT INFORMATION: My name is Daniel Bernstein L. Ac.; CH I can be contacted through my office, Blue Phoenix Wellness, 80 East 11th Street, New York, NY, 10003, (212-7777191) email drbernsteinnyc@gmail.com or through my website www.bluephoenixwellness.com. Office hours are by appointment.

EDUCATION & TRAINING: I was trained at Tri-State College of Acupuncture and at the Community School of Traditional Chinese Health Care, where I graduated cum laude. I am a member of the NCCAOM and am licensed to practice acupuncture in the State of New York. I also have extensive additional training and certifications. Please refer to my website or ask me in person for additional details.

I am not a physician, but I am a licensed health care provider; while I can provide a diagnosis for acupuncture I cannot recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis or any other type of treatment from a different practitioner, the client may seek such services at any time. In the event my services are terminated by a client, the client has a right to coordinated transfer of services to another practitioner. A client has the right to refuse hypnosis services at any time. A client has a right to be free of physical, verbal, or sexual abuse. A client has a right to know the expected duration of sessions and may assert any right without retaliation.

FEES & PAYMENT: Payment is due in full at the time of service by cash, check, MasterCard, Visa, or Discover Card. A \$25 fee will be assessed on all returned checks. The fees for your particular issue or goal will be discussed with you prior to your first visit. You will be given a fee schedule and estimated number of visits at your first session. Fees are subject to periodic review and change. Your fee schedule as stated on my website will remain the same for at least 12 months.

CANCELLATION POLICY: My time is my income, and my hours are by appointment. Your time slot is reserved exclusively for you. Please arrive promptly to obtain your full session. If you need to change or cancel your appointment, please do so with a minimum of 24 hours' notice. Failure to do so will result in being charged the equivalent of the cash rate of the missed appointment to your account. We understand that people forget appointments or have emergencies that prevent them from keeping their appointments; however, once an appointment slot is reserved it is your slot. We do not double book, and expect to provide you with prompt, on-time service.

☐ I understand the cancellation policy.

CONFIDENTIALITY: I will not release any information to anyone without a written authorization from you, except as provided for by law. You have a right to be allowed access to my written record or a summary of my record about you.

MINORS: Appointments for children under age 18 require written consent from the parent or guardian, who must accompany them at each visit.

INSURANCE: I accept certain insurance. Please check with your insurance carrier to see if acupuncture is covered.

GUARANTEE AND REFUND POLICY: No guarantees as to the effectiveness of acupuncture for your particular problem are made or implied, as it is impossible to guarantee human behavior or compliance. Therefore, no refunds for services are given. Acupuncture is not a quick fix or magic pill. You assume equal responsibility by making a commitment to your own wellbeing. No one can make you do something against your true will. I sincerely want you to succeed and pledge my efforts to help you to the best of my ability.

I HAVE READ THIS CLIENT BILL OF RIGHTS AND I FULLY UNDERSTAND WHAT I HAVE READ.

I acknowledge receipt of a copy of this statement for future reference.

Client Signature: _____

Printed Name: _____ Date: _____