

CONFIDENTIAL PATIENT INFORMATION

Stay in Touch, LLC
Marta Martinez, Director
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Florence, MA 01062
tel 413.585.0606 fax 413 585.0603
www.stayintouchcenter.com

Name (print) _____ SSN _____

Date of Birth _____ Referred by _____

Address _____ City _____ State _____ Zip Code _____

Phone (H) _____ (W) _____ (C) _____ email _____

Reason for Visit _____

Occupation _____ Employer Name _____

Contact in Case of Emergency _____

INFORMED CONSENT

I agree to receive from any practitioner at Stay in Touch, LLC complementary therapies which may include Acupuncture, Chinese herb medicine, Hydrotherapy, Jin Shin Jyutsu, Massage Therapy, Trigger Point Therapy, other wellness services and products.

I understand and am informed that, as in the practice of medicine, in the practice of acupuncture and alternative health care there are some risks to treatment including, but not limited to, bleeding or bruising, pneumothorax, minor burns, and infection. I do not expect the practitioner to be able to anticipate and explain all risks and complications, and I wish to rely on the practitioner to exercise judgment during the course of treatment.

Acupuncture: Insertion of fine solid needles into the body. There may be some sensation, such as heaviness, numbness, warmth, tingling, or electrical, all of which are normal. There may be some residual sensation following the removal of needles. Although care is taken on insertion, occasionally bruising or sensitivity at the insertion point may occur and this resolves within a few days. Acupuncture may induce feeling of deep relaxation and lightheadedness. If these feelings continue to occur after your treatment, inform the staff so you can relax in our waiting area. Be sure to eat regular meals and do not have a treatment on an empty stomach. The practice of acupuncture includes but is not limited to electro-acupuncture, gwa sha, cupping, intradermal needles, moxabustion, press balls, and shiraku therapy.

Chinese Herbal Medicine: All herbal prescriptions used at Stay In Touch, LLC are safe in the practice of Chinese Medicine; however, some may cause unforeseen allergic reactions. It is your responsibility to discuss any allergies you have to medications, supplements—including plant and animal ones—and the environment.

Hydrotherapy: The use of water at varying temperatures and applied by various mechanical means to decrease muscle spasm, break down adhesions, reduce inflammation, and induce pain relief. This treatment is usually received during acupuncture or massage therapy.

Jin Shin Jyutsu: The application of a Japanese therapeutic form of different holds along energy pathways. A full Jin Shin Jyutsu appointment can be scheduled, or it can be received during acupuncture or massage therapy. The practice of Jin Shin Jyutsu helps release tensions buried deep within the body.

Massage Therapy: Massage of the body with oil using kneading and stretching techniques to relax muscles and tendons. This therapy is administered with the client unclothed. Reactions are rare and may include headache and dizziness.

Trigger Point Therapy: Finger, palm, or elbow pressure to painful irritated areas in muscles to break cycles of pain. Amount of pressure varies. If any reactions such as dizziness or headache appear, please discuss with practitioner. This treatment can be received during acupuncture or massage therapy.

OFFICE POLICIES

Payment

Notice to All Patients: Bills for Services or Products Are Ultimately the Patients' Responsibility.

All services rendered to a patient are charged directly to that patient who is thereby responsible for their payment. All scheduled but missed appointments are payable in full unless cancelled at least 24 hours in advance. Payment is due at the time of each visit. Stay In Touch, LLC accepts cash, checks, and credit cards (Master Card, Visa, American Express, Discover). A fee of \$25 is charged for returned checks. *I agree that all the foregoing statements of policy in this paragraph.*

Base rates are as follows

Acupuncture Base Rate

\$300 per visit

In order to increase transparency and visibility in our practice, we are posting our fee for service which is \$75 per unit. This unit is based on acupuncture codes calculated based on the average charge in the industry. They may show a different total of what insurance pays, what patients pay out of pocket and what the true cost of your actual care is. These fees are all set by different players in the health care industry, including the insurance companies involved. We will charge all insurance companies the same exact fee regardless of what they end up paying us. If you do not have insurance please contact our office. We are happy to offer accommodations made on an individual basis.

Massage Therapy

\$65 - 45 min.
\$85 - 60 min.
\$95 - 75 min.
\$125 - 90 min.

Late Arrival

As a courtesy to other patients, Stay In Touch, LLC regrets that late arrivals will not receive an extension of the scheduled appointment time, which will thus be shortened. If a patient arrives 20 minutes or more late, Stay In Touch, LLC reserves the right to deny treatment and to charge the full fee.

Health Insurance

Most insurance is not accepted. If an insurance carrier covers treatment, please speak to our Office Manager about claim submission. A receipt may be requested at the time of service if you wish to bill your insurance company directly.

Accident and Personal Injury Claims

Patients are required to supply accident-report and insurance information as well as attorney's name if applicable. Any amount not covered by your insurance company will be charged directly.

Etiquette

All treatments are non-sexual: any sexual intentions or advances toward anyone at Stay In Touch, LLC will give Stay In Touch, LLC the right to terminate treatment. *I agree to the foregoing statement of policy.*

Certain types of treatment are contraindicated for pregnant women. *If I become pregnant or suspect I am pregnant, I will notify Stay In Touch, LLC before treatment.*

Patients may revoke consent to any of these procedures at any time.

I have read and understand all the information in this document and I hereby agree to all of the above statements of policy.

I have received a copy of Stay In Touch, LLC's Notice of Privacy Practices.

Signature

Date
