

Seattle Healing Acupuncture, LLC
Jacqueline R. Close, MTCM, EAMP
1307 N 45th Street, #204, Seattle, WA 98103
Phone: (206) 783-1912
www.SeattleHealingAcupuncture.com

Consent Form for Traditional Chinese Medicine

I, the undersigned hereby authorize Jacqueline R. Close MTCM, EAMP, who graduated from the Northwest Institute of Acupuncture and Oriental Medicine with a Masters Degree in Traditional Chinese Medicine and who is currently licensed in the state of Washington (AC00002019) to perform Acupuncture and other modalities involved in Traditional Chinese Medicine, such as, cupping, plum blossom, gua sha, moxibustion, tui na/massage, dietary advice, electro-acupuncture and herbs.

Signature of Client

Date

Policies and Payment

Payment Method:

Payment is accepted in cash, check, visa or Master card. There is a \$35.00 penalty for returned checks.

Initial: _____

Cancellation and Late Policy:

If you are unable to keep your appointment please call our office at least 24 hours in advance to cancel and reschedule the appointment. There is a \$40.00 fee for no-shows and late cancellations.

Initial: _____

Client Acknowledgement:

I have read the preceding information and have been given the opportunity to ask questions to clarifying the content. I understand the content of this disclosure and agree to abide by these policies.

Notice of Privacy Practice

I keep a record of the health care services I provide you. You may ask to see and copy that record. You may also ask to correct that record. I will not disclose your record to others unless you direct me to do so or unless the law authorizes or compels me to do so. You may see your record or get more information about it by contacting Jacqueline R. Close, MTCM, L.Ac.

My **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices

Signature of Client

Date