Roots Acupuncture and Wellness Community

ACUPUNCTURE

healthy body • healthy mind • healthy budget

Welcome to Community Acupuncture!

Please take a moment to read through these 2 pages so you can get a sense of what to expect. We are delighted that you are interested in joining for your health !

What's Different About Roots Community Acupuncture?

We treat in a community setting

Typical acupuncture treatments are one hour appointments in individual rooms (in the United States). Treating patients in a community setting has many benefits: it's easy for friends and family members to come in for treatment together and many find it comforting. I practice traditional style chinese acupuncture; the "right" amount of time varies from patient to patient, most treatments will range 40-50 minutes.

We have a sliding scale

Because we have a sliding scale, we cannot bill insurance (that's the insurance companies' rule). If you have insurance that covers acupuncture, we'll be happy to set an appointment time for you.

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 want our community to be welcoming to all different kinds of people. We want to give you the tools to take care of your own health. We will provide a safe environment with skilled practitioners.

What We Need From You

Responsibility

Acupuncture is a wonderful complement to Western medicine, but it is not a substitute for it. If you think you might have a serious medical problem or if you want someone to go over the details of your medical history, you need to see a primary care physician (ND, MD, or DO). We need you to take responsibility for your own health. Please alert us If you feel there is any medical condition that needs immediate attention.

Flexibility

The community setting requires some flexibility from you. When we are busy, we may have a wait list, table versus floor mat space may not be available. This is a community setting, volumes are asked to remain low and respectful. Blankets are provided, we will try to keep the open room as comfortable as we can for you. Plan accordingly; wear warm clothing or bring an extra blanket with you. Bring ear plugs/noise reduction headphones. We need you to participate in making yourself comfortable in the community room before we treat you.

If you need to be somewhere at a certain time, please let us know when you come in. We'll make sure you're out on time. In general, if you feel done, open your eyes and give us a meaningful look–if your eyes are closed, we think you're asleep and we won't wake you up.

Community-Mindedness

The 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 that no one talk very much in the clinic space. If you would like to speak to a practitioner one-on-one at any length, please let us know. 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 a lot of responsibility for the appointments. Please refrain from wearing perfume or strong scents. Please talk in hushed tones. Please wear loose clothing, and pull up your sleeves and pant legs when you situate yourself on a table or padded yoga mat. Please take all personal belongings (bags, shoes, etc.) with you back into the treatment room. And of course, please turn off your cell phone when you enter the clinic.

Commitment

Acupuncture is a PROCESS. It is very rare for any acupuncturist to be able to resolve a problem with one treatment. In China, a typical treatment protocol for a chronic condition varies greatly. Every patient requires a course of treatment, rather than a single treatment, in order to get what they want from acupuncture.

On your first visit, Dr Jenn will suggest a course of treatment, such as "I'd like to see you once a week for six weeks". This suggestion is based on experience with treating different kinds of conditions and the medicine's typical referrals for acute and chronic conditions.

The purpose of a sliding scale is to help you afford the treatment you need. If you have questions about how long it will take to see results, please ask, or if you think you need to adjust your treatment plan, please let me know. I need you to commit to the process of treatment in order to get good results.

And, last, but not least…please enjoy the space. We do, and hope that Roots Acupuncture and Wellness Community Acupuncture can be an important part of your community.

Thank you,
Dr Jenn and
Nurse Terry

Roots Community

ACUPUNCTURE

NEW PATIENT REGISTRATION AND HEALTH QUESTIONNAIRE

PATIENT INFORMATION CONTACT INFORMATION

Date of first visit

Name

Address

City State Zip

Age Birthdate /_/ Occupation

Where do you work?

Primary physician

What are your primary concerns/complaints?

1)

Onset:_Severity:

2)

Onset:_Severity:

3)

Onset:_Severity:

How is your sleep?

How would you describe your energy level? How is your digestion?

Home phone

Cell/Other phone

Email

Another person we may contact if needed:

Name/Relationship

Phone

How did you hear about us?

Are you new to acupuncture? Yes No

HEALTH HISTORY

Check conditions you have now or have had in the past:

❏ HIV+/AIDS ❏ Anemia
❏ Arthritis ❏ Asthma
❏ Cancer
❏ Autoimmune disorder
❏ Bleeding disorder ❏ Diabetes I or II
❏ Heart disease ❏ Hepatitis B or C
❏ High blood pressure Controlled? ❏ Yes ❏ Not sure ❏ Pacemaker ❏ Stroke

❏ Erection difficulties ❏ Prostate trouble
❏ Low libido ❏ Hemorrhoids
❏ Herpes ❏ PMS
❏ Fibroids ❏ Miscarriages
❏ Meno/perimenopause symptoms
❏ Severe allergies

List medications, supplements or herbs you are taking:

Are you taking blood thinners? Yes No List serious accidents or surgeries:

Are you pregnant? Yes No wks

Is there anything else you'd like us to know

Roots Community

ACUPUNCTURE

Patient Name (please print clearly): _____

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 Roots Community Acupuncture from liability for lost or stolen goods

. Privacy Policy

In accordance with HIPAA (Health Insurance Portability and Accountability Act) regulation and Washington Law, Roots Acupuncture takes the right to your privacy seriously. We do not disclose any personal, health, financial, or any other information about you, or the services we provide to you to any third parties without your request or permission.

_____ I understand Roots Community Acupuncture's Privacy Policy.

Financial Policy

Roots Community Acupuncture makes every attempt to make complementary health care, as in acupuncture and Chinese Herbal Medicine, available to as many people as possible, at the most affordable rates.

Our fee structure:

First Visit paperwork fee $10

Acupuncture treatment $30-$50 sliding scale

How sliding scale works:

You decide what you can afford to pay within the scale in order to get the frequency of care that you need. No income verification is required. Please pay at time of service, or ahead online.

In respect for our intention to offer high-quality health care at affordable prices, we ask for cooperation with first come/first serve service, respect treatment times and space for other patients, and respect covid safety for all; MASKS MUST BE WORN AT ALL TIMES.

Payment is taken by card, cash, or venmo. Payment must be made at time of service. Nurse Terry will help you check out after your session.

By signing below, I agree to the policies, consents and release of liability as set forth on the entirety of

this document. Signature _____ Date

_____/_____/_____

PATIENT NAME:

ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, including whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California 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. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. Further, the parties will not have the right to participate as a member of any class of claimants, and there shall be no authority for any dispute to be decided on a class action basis. An arbitration can only decide a dispute between the parties and may not consolidate or join the claims of other persons who have similar claims.

Article 2: All Claims Must be Arbitrated: It is also understood 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 disputes, will also be determined by submission to binding arbitration. It is the intention of the parties 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 in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers, preceptors, or interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages. This agreement is intended to create an open book account unless and until revoked.

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 shall 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 other expenses 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 own benefit. Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the 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 action, and upon such intervention and joinder, any existing court action against such additional person or entity shall be stayed pending arbitration. The parties agree that provisions of the California Medical Injury Compensation Reform Act shall apply to disputes within this arbitration agreement, including, but not limited to, sections establishing the right to introduce evidence of any amount payable as a benefit to the patient as allowed by law (Civil Code 3333.1), the limitation on recovery for non-economic losses (Civil Code 3333.2), and the right to have a judgment for future damages conformed to periodic payments (CCP 667.7). The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

Article 4: General Provision: All claims based upon the same incident, transaction, or related circumstances shall be arbitrated in one proceeding. A claim shall 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 in accordance with 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 the parties.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment), 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 A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

(Date)

PATIENT SIGNATURE **X**

(Or Patient Representative) (Indicate relationship if signing for patient)

(Date)

OFFICE SIGNATURE **X**

ALSO **SIGN** THE **INFORMED CONSENT** ON **REVERSE** SIDE