

## Payment Policies

**We require a credit card to secure your appointment.** You can use a MasterCard, Visa, or a medical / health account card.

### PLEASE READ CAREFULLY:

#### Why do we require a credit card and under what circumstances will it be charged?

1. For missed appointments, or cancellations under 24 hours, **your card is charged automatically.**
2. If your insurance ends up not paying your claim within 30 days, we will notify you, and you have 15 days to investigate. **After these 15 days if the unpaid claim is not resolved/paid, we automatically charge your credit card on file.** We email you to let you know so that it is not a surprise. We charge our discounted cash fee rates as follow:
  - First visit: \$145
  - Return visits: \$95
3. Co-payments. **Your card is charged your co-pay on the day of service.**

I understand and consent to these Payment Policies. \_\_\_\_\_

CREDIT CARD INFORMATION		
Name on Card		
Credit Card Number		
Expiration Date	Security Code	Postal Code

## Cancellation Policy

I understand that I need to give at least a full 24 hours notice in order to cancel an Acupuncture appointment. If I do not provide 24 hours notice, I'm responsible for payment in full. We can't bill insurance for missed appointments or late cancellations. The reason why our office has this policy is because Laura reserves that specific time for you, which often includes preparing for your appointment, paying for child care, and turning away other patients. Less than 24 hours notice does not give us sufficient time. If you are ill, it is appropriate to come to acupuncture because Laura will treat your illness. However, Laura does understand that true emergencies occur, and there is no charge for missed appointments for true emergencies at her discretion.

**Your card is automatically charged with less than 24 hours cancellation, or with a missed**

**appointment.**

I understand and consent to this Cancellation Policy. \_\_\_\_\_

### Consent to Acupuncture and Modalities

I understand that acupuncture is generally safe and free of side effects; however I am aware that certain adverse effects may result. These could include, but are not limited to: local bruising, minor bleeding, dizziness, fainting, pain or discomfort, and the possible aggravation of symptoms existing prior to acupuncture treatment. I understand that Laura may elect to use additional modalities such as electrical acupuncture, cups, and microcurrent. I understand that she will first explain the intended purpose of these modalities and any potential effects. I understand that I may decline the use of any of these additional modalities at any time. I understand that I am free to stop acupuncture treatment at any time. Should I experience any problems that I associate with my treatment, I should call Laura Paris as soon as possible.

I understand that Laura Paris may give advice regarding lifestyle, including diet, exercise, sleep, and stress reduction. I understand that Laura Paris may recommend herbal medicine, nutritional supplements, and bio-identical hormones. I understand that I am not required to follow this advice, or take these substances, but must follow the directions for administration and dosage if I do decide to take them. Should I experience any problems that I associate with this advice or these substances, I will suspend them immediately and call Laura Paris as soon as possible. If a medical emergency arises, I will call 911 or visit the nearest hospital emergency room. I understand that Laura Paris does not have urgent care or on-call duties. I understand that I am expected to have a relationship with a primary medical doctor separate from Laura Paris or Paris Healing Arts Inc.

I consent to Acupuncture and Modalities with Laura Paris. \_\_\_\_\_

### Privacy Policies

We at Paris Healing Arts Inc are committed to safeguarding your privacy. This privacy policy and agreement (this "**Privacy Policy**") covers how we collect and use information in our electronic medical records and practice management software system (our "**EMR**") that can be used to identify you and that was created, used, or disclosed in the course of providing a health care service (your "**Protected Information**"), which includes information that you provide.

In this policy, "you" and "your" refer to a patient, or other person with Protected Information on file with Paris Healing Arts Inc. "Paris Healing Arts Inc," "we," "our," and "us" refer to Paris Healing Arts Inc Inc. and its subsidiaries and affiliates. Please read this policy carefully. By signifying acceptance of this privacy policy, you are acknowledging that you have read it, understand it, and are agreeing to be legally bound by the terms provided here.

#### The Information We Collect

We collect Protected Information in the form of (1) registration information that you provide in order to enroll as a patient (your "Personal Information"); (2) information that is created, used, or disclosed in the course of providing health care services to you, which we file in your medical record electronically and/or on paper (your "Protected Health Information"); and (3) financial records, such as billing or insurance information, records of payments, and balance statements, related to our provision of health care services to you (your "Billing Information"). We do not collect any more Protected Information than reasonably necessary to provide our services, operate our EMR, and respond to your requests.

By law, you have a right to access and amend your medical records. We own original copies of any records created by us or shared with us, which we maintain in accordance with federal and state law. We may provide you with access to your Protected Information at our discretion as a convenience to you.

## **Our Use of Your Protected Information**

We will not share your Protected Information with any third party, without your written permission. In general, we will use your Protected Information as necessary to provide you with medical care, respond to your requests, and maintain our EMR. We will use your Billing Information to obtain payment for medical services that we provide to you.

We will use and disclose your Protected Information in accordance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its regulations, including the Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule"), the Security Standards for the Protection of Electronic Protected Health Information (the "Security Rule"), as well as the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act"), and other applicable federal and state laws.

## **Correspondence**

Periodically, we may send you news, educational materials, marketing materials, or other information. If we choose to send you bulletins, updates, or other unsolicited, marketing-related communications, we will provide you with the ability to opt-out of receiving such communications. However, you may not opt-out of formal notices concerning (i) operation of our EMR, or (ii) legal and other related notices concerning your relationship to us, (iii) notices about changes in our office hours, fees or policies.

## **Imminent Harm**

We may, but are not obligated to, reveal certain Protected Information to attorneys, private investigator organizations, or law enforcement agencies if we believe that (a) you are at risk of harm, or (b) you are harming or interfering with (or will imminently harm or interfere with) others or otherwise violating legal rights.

## **Legal Requirement**

We will reveal your Protected Information to the extent we reasonably believe we are required to do so by law. If we receive legal process calling for the disclosure of your Protected Information, we will attempt to notify you via the email address you supplied during registration within a reasonable amount of time before we respond to the request, unless such notification is not permitted.

## **Disclosure**

Except as specified in this Privacy Policy, we will not disclose your Protected Information without your permission. By agreeing to this Privacy Policy, you allow us to use and disclose Protected Information as provided in this document. By submitting Protected Information to us that you received from hospitals, physicians, or other records owners, you specifically consent to the re-disclosure of that information to the extent provided in this Privacy Policy.

## **Security Measures**

We use at least 128-bit Secure Socket Layer ("SSL") encryption technology (an industry-standard technology) to prevent phishing and to safeguard your Protected Information whenever it is transferred between servers. To prevent loss of your Protected Information, all data is backed up at least weekly. All of your Protected Information is hosted offsite in an internet data center, access which is controlled 24 hours a day.

Our security systems are structured to prevent unauthorized third parties from accessing your Protected Information. We also monitor network traffic to identify unauthorized attempts to access or alter your Protected Information. However, we do not warrant as fail-proof the security of your Protected Information. Due to the nature of internet communications and evolving technologies, we cannot provide, and we explicitly disclaim, assurance that your Protected Information will remain free from loss or misuse by third parties who, despite our efforts, obtain unauthorized access.

**Your Password and Account Information**

Regardless of the security we have in place to safeguard your Protected Information, anyone with your password and account information can access your Patient Portal account. You are solely responsible for maintaining the secrecy of your password and account information.

**Notice of Security Incident**

If we detect or become aware of any unauthorized access to your Protected Information, we will notify you and/or the Secretary of Health and Human Services in accordance with HIPAA, the Privacy Rule, the Security Rule, the HITECH Act, and other applicable federal and state laws.

**Changes to this Privacy Policy**

We reserve the right to change this Privacy Policy at any time. If we make any changes to this Privacy Policy, you will be prompted to accept the revised Privacy Policy.

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Patient Signature

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Date