ACUPUNCTURE ASSOCIATES

Traditional Chinese Medicine

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Phone: 910.798.8181 *Fax:* 910.798.8182
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PRIMARY CONTACT

In following HIPAA Regulations and to protect your privacy, please provide the following information:

Patient Name: _____ Date: _____

Primary Contact Number: _____ ( ) Home ( ) Office ( ) Cell

Primary Contact Email: _____ ( ) Personal ( ) Work

Preferred Method Of Contact For Appointment Reminders: ( ) Phone ( ) Email

PRIMARY CONTACT

Yes, _____ (initials): You may use the Primary Contact Number/Email above for appointment reminder calls, prescriptions or test results.

Yes, _____ (initials): You may leave a message at the above Primary Contact Number/Email regarding appointment reminder calls, prescriptions or test results.

No, _____ (initials): You may not leave a message at the above Primary Contact Number/Email regarding appointment reminder calls, prescriptions or test results.

ALTERNATE CONTACT

Yes, _____ (initials): You may leave a message at _____ (number) regarding appointment reminder calls, prescriptions or test results.

MESSAGES

Yes, _____ (initials): You may speak with or leave a message with _____ regarding appointment reminder calls, prescriptions or test results.

No, _____ (initials): You **may not speak with anyone regarding my treatment**, appointment reminder calls, prescriptions or test results.

CANCELATION POLICY

Yes, _____ (initials): I understand there is a 48 hour cancelation policy. Any appointments canceled within **48 hours of a scheduled appointment will result in a cancellation charge of the normal office fee**. Monday appointments must be canceled by the prior Thursday in order to avoid the cancellation fee.

Signature: _____ Date of Birth: _____ Today's Date: _____