

## Preparing for Your Treatment

The following suggestions are provided to help you have a safe and relaxing experience with acupuncture. Please read this section carefully. If you have any questions, please ask me prior to your first visit.

- Please bring a list of current medications you are taking, including any prescriptions, over the counter medications, herbal supplements, and vitamins. This information will be kept in your confidential file.
- Eat a light meal with a little protein a few hours prior to your visit. Acupuncture is not performed on individuals who are fasting. Being over-hungry increases the risk of nausea or dizziness. At the same time, please do not overeat or eat any foods that cause your stomach to be upset (for example, rich, greasy, fried, or extremely spicy foods).
- Avoid alcohol on the day of your treatment due to an increased risk of shock.
- Wear loose, comfortable clothing, and please refrain from using make-up or perfume as they can interfere with diagnostic observations.

### **Initial Assessment & What to Expect**

Your first visit is known as the "Traditional Diagnosis." During this session, we will discuss what brings you to acupuncture and review your history. During the assessment, you may be asked about things that you might not think are connected to your chief complaint, such as about your emotions, sleeping patterns, and eating habits. Clarification of these issues will help us determine an effective course of treatment to facilitate balancing your energy flow.

### **After Your First Treatment:**

Depending on the issue you are seeking treatment for, its severity, and whether it is chronic or acute, you may experience some immediate relief or no change at all. Relief may be dramatic or subtle; and it may last several days or be short-lived. For acute conditions, relief may be immediate during the treatment and for several hours after the treatment. Relief from chronic conditions are often not noticed immediately during treatment; changes can be subtle. In some situations, the condition being treated can be exacerbated within a 24 to 48 hour timeframe following treatment, followed by significant relief. This process is known as the "Law of Cure" or "Healing Response." Having detox symptoms after the initial treatment is also a common experience for some people. It is always important to plan to rest after your treatment, drink plenty of water to help flush any toxins, take a nap or go to bed early. You may also feel more energized, but do not over exert yourself. Rest and relax.

### **Awaking Your Observer:**

Tracking your progress after treatment is extremely important--especially after your initial treatment. During the first 24 to 48 hours following treatment, it is important to begin observing your progress and the comings and goings of your symptoms, as well as other changes you may experience. Notice how long you experience improvement as well as what makes it better or worse. This practice of observation will prove to be beneficial as you learn to listen more wisely to what your body is telling you. Indications of the overall effect of acupuncture may involve noticing other areas of improvement before noticing changes in the original ailment that brought you to acupuncture.

In addition to the main condition(s) you are being treated for, you may experience changes in

your overall mood, have more energy, improved digestion and elimination, more restful sleep, and an enhanced ability to relax. Emotional release is also a normal response when you begin your healing process with acupuncture.

Please note and report these changes at the time of your next session. If you have any questions about any of the changes you are experiencing, please call me with your concerns. Please do *not* discontinue any prescribed medications without explicit instructions from your MD, no matter how good you feel.

### **Treatment Frequency:**

Acupuncture is a process that requires a series of treatments for lasting improvements. Each treatment builds upon the other, so the closer you can schedule treatments--the better, especially in the beginning. After several treatments, most patients will experience a substantial improvement. The number of treatments needed varies from individual to individual. The severity of the imbalance, how long it has been going on, the condition of your overall health, your age, and medications are just a few of the variables involved. Most of the time, weekly treatments are needed for several weeks before balance is established. Depending on the condition and the severity of your condition, you will be asked to schedule treatments at least two times a week for a couple of weeks or until we see sustained improvement in your symptoms. Once the symptom(s) have improved and are under control, treatment frequency will be tailored to meet your individual needs. The Chinese Medicine rule of thumb is that one month of treatment will be needed for every year the condition has been in place, meaning the more severe your symptom(s), or the longer you have had them, the more frequent your treatments should be. Eventually, you will be able to schedule your treatments as you need along with routinely scheduled seasonal treatments for continued wellness. **Keep in mind that the above described treatment schedule is the optimal schedule, and if you are unable to manage the frequency, weekly visits can be scheduled. Please understand that weekly visits in the beginning will take a longer to achieve the relief you are seeking.**

As an Acupuncturist, my role is to partner with you to identify imbalance, restore health, and prevent future disease. Working together, we craft treatments that maximize your own ability to heal and cultivate wellness. This tradition of medicine is a highly individualized system of healing that tends the Body, Mind, Spirit. I look forward to partnering with you to craft a treatment plan unique to your specific needs. Your treatment plan may include lifestyle changes involving nutrition, sleep habits, movement activity, deep breathing, meditation practices, and learning to awaken your listening from within to avoid the impact of today's hectic and stressful world.

At QiTender Acupuncture, it is my intention to create a safe healing and learning space for my clients. I feel privileged to assist and be witness to all levels of your personal journey toward wellness and wholeness.

Please feel free to contact me with any questions or concerns you may have at (804) 721-3178.

### CONSENT TO TREAT FORM

By signing below, I hereby voluntarily consent to be treated with acupuncture and/or esoteric colorpuncture. I understand that acupuncturists practicing in the Commonwealth of Virginia are not primary care providers, and regular primary care by a licensed physician is strongly recommended by Deborah L. Godwin L.Ac., M.Ac., Dipl.Ac. at QiTender Acupuncture.

I understand that while acupuncture is generally a safe method of treatment, certain side effects may result from treatment. These may include, but are not limited to: fainting, local bruising, puffiness, redness, temporary skin discoloration, bleeding, and temporary discomfort at the site of needle insertion during treatment. I understand that symptoms existing prior to treatment may sometimes be observed shortly after treatment. **PATIENTS WITH BLEEDING DISORDERS, PACEMAKERS, SEIZURE DISORDERS, OR WOMEN WHO ARE CURRENTLY PREGNANT, SHOULD NOTIFY THE PRACTITIONER.** Potential benefits of acupuncture include drugless relief of many symptoms, improved general health and well-being, elimination of the presenting concern, and the reduction of pain and associated symptoms.

In addition, I understand the methods of treatment in the scope of Chinese Medicine may include, but are not limited to acupuncture, cupping, moxibustion (applying heat to acupuncture points using moxa, "a warming herb"), dermal friction technique (gua sha), acupressure, esoteric colorpuncture, lifestyle, and nutritional coaching.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Deborah L. Godwin regarding the cure or improvement of my condition. I hereby release Deborah L. Godwin from any and all liabilities which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate care.

I understand there may be other treatment alternatives, and I may be referred to an MD, DO, or PT when appropriate.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for a more detailed explanation. I give my consent and permission to be treated.

I understand that I am free to withdraw my consent and to discontinue participation in this procedure at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## RECOMMENDATION FOR EXAMINATION BY A PHYSICIAN

Regulated by the Virginia Board of Medicine, acupuncturists are required to recommend to our patients that you see a physician if you have not done so within the last six months. (Code of Virginia: 54.1-29856.9, 18 VAC 85-110-10.)

This regulation insures you access to acupuncture without the need for a physician's referral. Prior to performing acupuncture, a licensed acupuncturist shall obtain written documentation that the patient has received a diagnostic examination within the past six months by a licensed doctor of medicine, osteopathy, chiropractic, or podiatry acting within their scope of practice, or shall provide the patient with the required written recommendation for examination by a physician.

I, Deborah L. Godwin, L.Ac., M.Ac., Dipl..Ac., recommend that you be examined by a physician regarding the condition for which you are seeking acupuncture treatment.

I, \_\_\_\_\_ have been advised of this policy and  
(patient) please print

understand this recommendation. I acknowledge that acupuncture does not replace seeing my primary care physician. I understand that I should consult my primary care physician for those services and routine checkups.

I consent to this policy as a condition of receiving services provided by Deborah L. Godwin, L.Ac, M.Ac, Dipl. Ac,

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Virginia law requires that I give this form to you if I do not have a written evidence that you have received a diagnostic exam in the last six months from a licensed practitioner of medicine, osteopathy, chiropractic or podiatry regarding the condition for which you are seeking treatment. **(Code of Virginia: 54.1-2956.9, 18 VAC 85-110-10.)**

\_\_\_\_\_  
Acupuncturist Signature

\_\_\_\_\_  
Date

## **HIPAA**

### **A SUMMARY OF YOUR PRIVACY RIGHTS UNDER HIPAA**

This notice describes our office policies for how medical information about you may be used and disclosed, how you can gain access to this information, and how your privacy is being protected. In order to maintain the level of service that you expect from my office, I may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this situation), or with other medical practitioners that you authorize.

#### **Safeguards in place at our office include:**

- Limited access to facilities where paper information is stored.
- Policies and procedures for handling confidential information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes) are kept in permanent files.

#### **Types of information that we gather and use:**

In administering your health care, we gather and maintain information that may include non-public personal information:

- about your financial transactions with us (billing transactions)
- from your medical history, treatment notes, all test results, and any letters, faxes, emails, or telephone conversations to or from other health care practitioners
- from health care providers, insurance companies, Worker's Compensation, and your employer and other third party administrators (e.g., requests for medical records, and claim payment information)

In certain states, you may be able to access and correct personal information that has been collected.

**HIPAA**

**CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION  
FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS**

Because we maintain health records, it is important that you know that you have the right to consent to their disclosure.

**I understand that this information serves as:**

- a basis for planning my care and treatment
- a means of communication among the many healthcare professionals who contribute to my care
- a source of information for applying my diagnosis information to my bill
- a means by which a third-party payer can verify that services billed were actually provided
- a tool for routine healthcare operations such as assessing care quality and reviewing the competence of the healthcare professionals
- to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations, and the organization is not required to agree to the restrictions requested
- to revoke this consent in writing, except to the extent that the organization had already taken action in reliance thereupon
- if you wish to request restrictions on the disclosure of your health records, please request the appropriate form be kept on file with your signature and it will be provided to you at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Financial Policy

### Payment for Services Rendered:

- At QiTender Acupuncture cash, personal checks, and credit cards are accepted. There will be a convenience fee when using a credit card.
- **Payment is due at the time of service.**

### Returned Checks:

- Any fees assessed to QiTender Acupuncture from checks that are returned due to insufficient funds must be promptly rectified, along with submitting funds related to the returned check before your next scheduled visit.

### Health Insurance:

- You may ask for a receipt at the time of your visit. I will give you a receipt for the amount you paid at the time of your visit for you to submit to your insurance company or to maintain in your personal records. Make sure you let me know that you will need a receipt for your visits.

### Canceling or Rescheduling an Appointment:

- At QiTender Acupuncture I ask for 24 hours notice in advance of an appointment so that I may notify individuals on the waiting list that an appointment is available.
- With discretion as to the circumstances, appointments that are rescheduled or canceled with less than 24 hours advanced notice, and appointments missed without notice, **will be charged a \$45.00 fee.**

\*\*\* Your signature below indicates you have read and understand these policies, and all questions have been adequately answered \*\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment & Policies for Services

The initial visit includes traditional diagnostic processes and your history intake. This appointment may last from approximately 90 minutes to 2 hours, and includes a treatment.

*Fees*

**Initial 90 Minute Sessions: \$150.00**

**Initial 2 Hour Sessions: \$190.00**

**Regular Weekly Follow-up 60 Minute Sessions: \$95.00**

**Multiple Weekly 60 Minute Sessions: \$75.00**

**Once weekly treatment schedules resume, the fee will return to \$95.00 per session.**

After your initial intake has been completed, I will suggest a treatment schedule.

**\*THE MOST EFFECTIVE TREATMENT PLAN MAY INITIALLY REQUIRE MULTIPLE WEEKLY SESSIONS**

A minimum of 2 sessions is suggested weekly for at least a couple of weeks, or until sustainable improvement is seen for extremely severe cases.

Together we may still choose a weekly treatment plan for you. The above described frequency plan yields optimal results more quickly. Please understand weekly visits are also effective in achieving the desired results; however, it will take longer to achieve desired results.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_