**PATIENT AND CLIENT RIGHTS**

Your Rights as a Patient

The registration and practice of acupuncture, Chinese herbal medicine and physiotherapy is controlled by the Australian Health Practitioner Regulation Agency and regulates persons in the health care fields.

You are entitled to receive information about methods of care, techniques used, duration of care, if known, and fee structure. You have the right to know the risks, as well as the benefits, of any therapy, procedure performed, medicinal agent, supplements/herbs, or any other recommendations made by a health care practitioner. All invasive procedures require documented informed consent. You are also to be informed of the health care provider’s degrees, credentials, and licenses.

You have the right to seek a second opinion from another health care provider or terminate care at any time. Understand that by law, “no practitioner may guarantee the outcome or cure.”

You should know that in all professional relationships, intimacy is never appropriate and should be reported to your state Medical Grievance Board.

Confidentiality

Matters regarding your care will be kept confidential except in the following circumstances: you sign a release of information giving permission to release information to a specific individual or agency; child abuse; patient is in imminent danger to self or others; subpoena of records.

Fees and Payments

The initial consultation for acupuncture and Chinese medicine is $300 (90 mins to 2 hours - includes taking a verbal history, complete pulse evaluation and treatment); physiotherapy is $200 (approximately 1 hour); Chinese herbal medicine and Bowen Technique are $225 (approximately 1½ hours). All standard consultations are $150.00 (approximately 1 hour). Herbs are an additional cost. Payment is due at the time of service.

Cancellations

Since I have reserved our appointment time for you, it is my policy to charge $145 for cancellations received with less than 24 hours notice, except in the case of an emergency.

Answering Service

Please leave messages on my voicemail. I will return your call promptly.

Emergencies

If you have any major emergency, please call 000.

[x]  I understand and agree to these terms.

PATIENT NAME:       DATE:

(Or Patient Representative)