Natural Health & Wellness Center

Patient Name: ____ Date: ___________

Patient's Primary Address: ____

____

Phones: Cell: __________________________ SS#: _____________________________

Work: __________________________ DOB: _____________________________

Other: __________________________ Age: _____________________________

Email: __________________________ Sex: _____________________________

Single/ Married/ Divorced/ Widowed Number of Children: Boys ________ Girls: _________

Occupation: _____________________________ Employer: ______________________________

How did you hear about us? ____

Emergency Contacts: Home: ________________________________ Phone: __________________

Not living at home: _______________________ Phone: __________________

OFFICE USE ONLY:

Insurance Code: ____

Case Managing Provider: ____

Services Utilized: Acupuncture Massage Psychotherapy Naturopathy Bio-Feedback

Referred To: 1. ________________________________for ____________________________

2. ________________________________for ____________________________

3. ________________________________for ____________________________

4. ________________________________for ____________________________

Disclosure Statement

Beth G. Owens, Dipl.Ac., L.Ac.

Beth G. Owens, Dipl.Ac., L.Ac. is a practitioner of acupuncture and oriental medicine. She is a graduate of the Maryland Institute of Traditional Chinese Medicine in Bethesda, Maryland. As part of her training, she completed 1300 hours, 3 years of classroom and clinical training. She holds a state acupuncture medical license in Maryland and is nationally certified (NCCAOM) to practice acupuncture and oriental medicine. Beth G. Owens maintains an aggressive continuing education program each year. She has additional training in Sports Acupuncture, Orthopedic Acupuncture, and advanced level training in the following protocols: NAET Allergy Elimination, BioSET Allergy Elimination, JMT, and CRA Nutritional Assessment. As founder and former chairperson of the Ethics Committee for the Acupuncture Association of Colorado, adhering to ethical standards of practice is part of her daily operations. Beth G. Owens has never had any licenses, registrations, or certifications suspended or revoked.

The practice of acupuncture and oriental medicine are regulated by the Maryland Board of Acupuncture. Should you have any questions, they can be contacted at the following address: 4201 Patterson Ave. Baltimore, MD 21215.

As a patient, you are entitled to receive information about the methods of therapy, techniques used, and the duration of therapy, if known. You may seek a second opinion from another health care professional at any time or may terminate treatment at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported.

The practice is in full compliance with the rules and regulations promulgated by the Maryland Department of Health. In order to insure the safety of our clients, only pre-sterilized and disposable needles are used.

Payment is expected at the time of service rendered. All supplements are additional to the cost of treatment.

Acupuncture/Acupressure:
Initial Evaluation and Treatment: $185
Return Treatments: $85

Kindly give us a 24 hour advanced notice on all canceled appointments. In respect of your schedule and mine, you can plan to be seen for your acupuncture appointment within 10 minutes of your scheduled appointment time. We understand that circumstances occur that may occasionally cause you to be late for an appointment. If you are running more than 15 minutes late, please call Beth's cell phone, 301-712-5126, to reschedule your appointment. A repeat no-show for a scheduled appointment is subject to full treatment fee.

I have read and understand the above information.

Signature: ____

Date: ______________________

Consent for Care
& Notice of Privacy Practices

Beth G. Owens, Dipl.Ac., L.Ac.

I, ____________________________________, hereby grant permission to Beth G. Owens, Dipl.Ac., L.Ac. to perform such examinations and therapeutic treatments as are considered necessary or advised for my pre-diagnosed disorders and treatment plan.

I understand that a medical record will be kept confidential and that I may look at my medical record at any time and can request a copy of it at any time. I am not being forced by anyone to receive medical treatment.

I authorize Beth G. Owen, Dipl.Ac., L.Ac. to release the patient's medical records to insurance companies, medical professionals, or other professionals. I also authorize insurance companies, medical professionals or other professionals to release the patient's medical records to Beth G. Owens, Dipl.Ac., L.Ac. This information is to be used for the purpose of fostering the course of treatment or to assist the financial issues of treatment. I hereby agree that a photocopy of this document is as valid and effective as the original copy.

I have read and understand the above information and agree to receive treatment.

____

Signature

____

Date

In accordance with Federal regulations under HIPPA, I have a right to review the <u>Notice of Privacy Practices</u>. A copy is available upon request.

____

Signature

____

Date