***Acupuncture Physicians** of Colorado*
Rosalie A. Bondi, D.O., M.A.O.M.
9101 Harlan Street Suite 350
Westminster, Colorado 80031
720-381-6100 Fax: 720-381-6133

Authorization to Obtain/Release Health Information

I authorize Acupuncture Physicians of Colorado to obtain my health information that may include psychological or psychiatric conditions for the purpose of medical evaluation and treatment. I authorized release of my medical records to my insurance company and associated physicians/practitioners managing my care for the purpose of documentation of treatment and progress.

Initial _____

Notice of Privacy Practices

Before completing this section, please read our Notice of Privacy Policies to gain a clear understanding of how we may use and disclose your Protected Health Information (PHI). You may request a copy of the Notice of Privacy Policies at any time.

I have read and understand the Notice of Privacy Practices for Acupuncture Physicians of Colorado and consent to the use of my PHI for the purposes stated.

Initial _____

Workers' Compensation Information/Missed Appointments (if applicable)

I understand the Workers' Compensation Law authorizes a physician to provide information about my medical care for on-the-job injuries or illnesses to my employer, workers' compensation insurance and associated physicians/practitioners managing my care.

I understand my insurance adjuster and my workers' compensation physician(s) will be notified of missed appointments. Missed appointments include no shows, repeated cancellations and reschedules which will affect the maximum medical benefit of acupuncture therapy.

Initial _____

Consent/Permission to Treatment

I hereby consent to diagnostic and/or medical treatment and/or examination by any of the physicians of Acupuncture Physicians of Colorado and/or by their technical/clinical assistants.

Initial _____

_____ _____ _____
Print Name Signature Date

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Financial Responsibility

I hereby accept responsibility for all charges incurred for treatment and that is not covered by my insurance. I authorize Acupuncture Physicians of Colorado and its medical providers to apply for benefits on my behalf for services rendered by their order. I authorized the release of any medical or other information necessary to process my insurance claims. I request that payments from my insurance company be made directly to Acupuncture Physicians of Colorado. I agree to pay reasonable attorney and/or collection agency fees if my account is turned over to an attorney and/or collection agency. I permit a copy of this authorization to have the full authority of the original signed copy.

Workers' compensation patients have no financial responsibility. Although, I understand any treatment obtained after Maximum Medical Improvement (MMI) and/or when the claim settles on a full and final basis will be the responsibility of the patient. I will notify Acupuncture Physicians of Colorado when the claim reaches MMI and/or settlement to avoid financial responsibility.

Initial _____

Cancellation/No-Show/Reschedule Policy

The Acupuncture Physicians of Colorado is committed to providing quality care. If you do not present for your appointment, or cancel/reschedule with little notice, we are unable to fill that time slot and cannot run our office efficiently. Therefore, our policy requires that you give us at least 24 hours notice (not including weekends and holidays) if you need to cancel or reschedule your appointment.

I understand failure to show up for my appointment or a cancellation/reschedule less than 24 hours before the appointment will result in a **$50.00 fee.** Appointments will not be rescheduled until all fees have been paid.

Initial _____

Late Arrival Policy

Due to the complex nature of your treatment and in consideration of other patients, you may be asked to reschedule if you are late. You are asked to arrive 10 minutes prior to your appointment time so that you will be ready in the room for your treatment at the appointment time.

Initial _____

_____ _____ _____
Print Name Signature Date