



Office Policies

Welcome to Heart Centered Transformational Wellness. Our time together is valuable! I have found that the following agreements will support us in making the most of our sessions and assure that our experience working together is as positive, transformational, and easeful as possible. Feel free to ask any questions before initialing and signing below.

1. I understand that acupuncture is an energetic form of therapy based on the regulation of energy and is not intended to replace other forms of conventional medicine or psychotherapy. In the case of symptoms arising outside of acupuncture's scope of practice, I may be referred to a medical doctor or other health care practitioner for further support, diagnosis, or treatment. _____
2. I understand that all information regarding my acupuncture consultation will be kept confidential in accordance with the highest medical standards. _____
3. I understand that I will be financially responsible for my scheduled session unless I provide a 48-hour notice of cancellation (except in cases of true emergency). _____
4. I understand that payment for all services and product is due at the time of my visit. Upon request, receipts will be provided that I can submit for insurance reimbursement. _____
5. I agree to stay in touch and let my practitioner know if I have any questions or concerns about my treatment. I understand that I may contact my practitioner by email (heartcenteracu@gmail.com) or phone (978-701-5125), and I can expect a reply within 24 hours. If my questions will require more than a ten-minute phone conversation or email reply, I understand that there may be a fee for additional time. _____
6. I agree to pay for any scheduled community acupuncture sessions in advance at the time of scheduling and that there are no refunds for this service. _____
7. You are expected to be on time for your appointments. If you find that you cannot be on time, please notify me as soon as possible. If you are late for your appointment, I may not be able to see you at that time or may not be able to give you the full amount of time originally slotted for you. _____
8. Returned checks are subject to a \$25.00 fee. _____

Please read and sign this form and bring with you to your initial appointment.

Name: _____

Signature: _____

Date: _____