**\*\*PLEASE READ THIS IMPORTANT INFORMATION BEFORE SIGNING\*\***

**Pacific College of Health and Science Clinic Policy**

Pacific College operates for two vital purposes: to provide our students with valuable, varied practical clinical experience, and to provide our patients with high-quality, reasonably priced acupuncture treatments and East Asian therapies. Working together, we are creating an environment of learning and healing.

To best serve both students and patients, we ask that patients contact us at least 24 hours in advance if they need to cancel an appointment.

**Beginning on Jan 1, 2024, all patients will receive two late cancellations annually without a penalty fee. Following two late cancellations, patients will be charged the full price of the treatment.**

Patients who accumulate multiple cancellations and or/no-shows may be asked to schedule only same day appointments.

Repeated late cancellations may cause the need to cancel future appointments.

As best we can, we accommodate late arrivals up to 15 minutes late, however, may only be able to offer a consultation and/or shortened treatment. Arrival later than 15 minutes may constitute the need to reschedule.

Patients are requested to arrive hygienic, and not wear heavy perfume or aromas that may cause adverse reactions in others.

Blood pressure will be taken at every appointment. Patients with uncontrolled high blood pressure may be required to obtain written permission from a physician before they can receive treatment in the PCHS clinic.

Herbs may be suggested for patients as a treatment strategy. The cost of herbs is not included in the appointment fee, and herbs usually will cost between $15 - $40 per week. We cannot accept returns for herbs or products sold, including customized herbal formulas, opened patent or topical herbs.

At times, calls may be routed to voicemail. We return calls as quickly as possible, in the order they were received.

We appreciate our patients’ generosity; however, our interns are unable to accept gratuities or gifts.

Thank you,

Pacific College of Health and Science Clinic

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient name Date**

**NOTICE OF PRIVACY PRACTICE**

My signature below indicates that a written copy of the institute’s Notice of Privacy Practices was provided to me. I have also been informed that if I require additional information about this notice, I may call the Privacy Office.

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Parent or Guardian Signature (if patient under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**