



Natural Healthcare Center

1331 Stony Brook Rd • Stony Brook, NY 11790 • Phone&fax-631-689-6221 • www.drslu.com

Appointment Policy

Welcome to the office of Natural Healthcare Center! We are delighted to have you as a new patient and look forward to providing you with the highest quality care. In order to optimize our relationship, please take a minute to carefully read our appointment policy.

Many patients are surprised to find that we are usually on time. This is because your treatment time has been reserved for you. Most medical offices do not reserve time for each individual, but instead appoint several patients at, or near, the same time. That type of scheduling provides the Doctor a steady flow of patients for treatment, but does not respect the patient's time.

Our time and expertise are what you essentially pay for. Occasionally there is a problem with patients who are not used to keeping on schedule themselves. Patients who are late may not be seen that day. If you expect to be more than 15 minutes late, please call to confirm availability.

A 24 hour notice for cancelled or rescheduled appointments (Sunday excluded) is required or your standard treatment fee may be assessed. This allows us time to schedule another patient and the time is not lost.

This policy of charging for failed appointments has been very well accepted. Since we sell time it is only logical to charge those who reserve our time and then waste it. We have found that most patients respect our time as much as we respect theirs.

Any questions I have concerning my appointments have been answered. I have read this statement and fully understand it.



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Financial Policy

Thank you for choosing Natural healthcare for your health care needs. We are committed to your improved health by providing appropriate, high quality, comprehensive family health care. While our intention is to assist you, it is your responsibility to ensure that all services rendered by Natural Healthcare on your behalf are paid in full. In order to understand our Financial Policy, we have listed below our financial requirements.

Patients Without Insurance Coverage

Payment at the time of service is required. Cash or check are accepted as payment options.

Patients With Insurance Coverage

Many health insurance plans now cover acupuncture treatment. At your request, we can verify acupuncture coverage for you. Dr. Shaoyun Liu is a provider for many insurance companies. For all other insurance plans, we are out of network providers regardless of what their representatives or websites & literature may say. You will be expected to pay at the time services are rendered. Cash and check are accepted as payment options. You will be given an invoice to submit to your insurance company. They will reimburse you directly according to their fee structure. If you are covered by insurance and are being treated by Dr. Liu, your responsibility is the deductible, copay, and any portion of fees not covered by the insurance payment.

Workers' Compensation Claims

Treatment will be provided with a workers' compensation claim approval. If your employer or their insurance carrier denies your claim, you will be held financially responsible for all charges incurred for services rendered on your behalf. Any quotes given regarding treatment are cash rates – insurance may be billed differently.

Auto Injury Claims

Treatment will be billed to the MedPay portion of your auto insurance policy. If your insurance carrier denies your claim due to exhausted benefits or any other reason, you will be held financially responsible for all charges incurred for services rendered on your behalf. No liens will be accepted. Any quotes given regarding treatment are cash rates – insurance may be billed differently.



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INFORMED CONSENT FOR ACUPUNCTURE TREATMENT AND CARE

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with, or serving as back-up for the acupuncturist named below, including those working at this office or any other office or clinic, whether signatories to this form or not.

I understand the methods of treatment may include, but are not limited to, acupuncture, acupressure, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. I understand that I should not move while the needles are being inserted, retained, or removed. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the acupuncturist below uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, mineral, and animal sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs. I will notify the acupuncturist who is caring for me if I am or become pregnant.

I do not expect the acupuncturist to be able to anticipate and explain all risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the office medical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.



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HIPAA NOTICE OF PRIVACY PRACTICES

This Notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

Under the Health Insurance Portability & Accountability Act of 1996 "HIPAA," it is our legal duty to safeguard your Protected Health Information (PHI). Please note that we reserve the right to change the terms of this Notice and our privacy policies at any time as permitted by law. Any changes will apply to PHI already on file with us. Before we make any important changes to our policies, we will immediately change this Notice and post a new copy of it in our office. You may also request a copy of this Notice from us, or you can view a copy of it in our office. This Notice will remain in effect until it is replaced or amended.

During the course of our relationship with you, we will use and disclose PHI about you for treatment, payment, and healthcare operations. We gather personal information and health information from you, other healthcare providers, and third party payers. Use of PHI means when we share, apply, utilize, examine, or analyze information within our practice; PHI is disclosed when I release, transfer, give, or otherwise reveal it to a third party outside our practice. You may specifically authorize us to use PHI for any purpose or to disclose our health information by submitting the authorization in writing. Such disclosures will be made to any personal representative you choose to have your PHI.

Marketing

This office will not use or disclose your PHI for marketing communications without your written authorization. This office may send birthday cards, thank you cards, notice of clinic events, newsletters, and/or appointment reminders.

Disclosure

This office may use or disclose your PHI without your consent or authorization when required by law.

Patient Rights

1. Upon written request, you have the right to review and receive copies of your PHI.
2. Upon written request, you have the right to receive a list of disclosures about your PHI.
3. You have the right to request additional restrictions on the use and disclosure of your PHI, as permitted by law.
4. Upon written request, and as permitted by law, you have the right to request that we amend your PHI.
5. You have the right to receive all notices in writing.

If you have questions about this Notice or any complaints about our privacy practices, please contact our office. Please send written complaints to the Secretary of the Department of Health & Human Services, 200 Independence Ave. S.W., Washington, D.C. 20201.

This Notice went into effect on April 14, 2003.