

Seasons of Balance Family Acupuncture, LLC

Clinic Policies

Clinic hours are by appointment only 7 days a week. Owner and operator, Vanessa Tippett L.Ac., may be reached by phone or email Monday – Sunday 10am – 8 pm.

If a patient is late for an appointment, treatment time will not be extended. If a patient is more than 15 minutes late for an appointment, the patient may be asked to reschedule and be charged for the missed appointment.

Cancellations are requested at least 24 hours in advance to avoid being charged for the treatment.

Payment is due at the time of treatment unless other arrangements have been made in advance with Vanessa Tippett.

Cash, check, and credit card are acceptable forms of payment. A fee of \$30 will apply for all returned checks.

Seasons of Balance Family Acupuncture does not bill insurance. Documentation of a patient's treatment may be provided upon request for submission to insurance by the patient themselves.

Patients are expected to conduct themselves respectfully. Anyone who threatens, intimidates, or exhibits violent behavior will be immediately discharged as a patient and asked to leave the premises. Sexually oriented communications, comments, gestures, or physical conduct will not be tolerated.

Patients who come to the clinic under the influence of alcohol or non-prescription medications/drugs will not be treated and asked to leave the premises immediately.

Treatment plans for each patient will be developed according to the presenting signs and symptoms, diagnostic pulse and tongue readings, and other systemic conditions discussed at the beginning of each session. You are welcome to let me know if you have had a treatment that has worked or not worked for you in the past. This information will be considered in the treatment plan.

If I feel it is medically necessary, I reserve the right to refer a patient to seek professional help from another health care practitioner. This may be either a referral for future follow-up or before an acupuncture treatment may be conducted. Failure to seek referred care may result in being discharged as a patient.

A patient has a right to refuse any aspect of a treatment at any time.

As a patient at Seasons of Balance Family Acupuncture, I have read, understand, and agree to the clinic policies as stated above.

Patient Name (print) _____

Patient Signature _____ Date _____

Parent/legal guardian Signature _____ Date _____