

# Young Mountain Wellness LLC

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## Disclosure Statements

1) **COMMUNICATION**: Communication is a very important aspect of your healthcare. Your feedback is a vital aspect of this process. It is your responsibility as a patient to communicate with your practitioner about any changes in your condition throughout the course of your treatment. Furthermore, you are encouraged to ask any questions you have at any time about any aspect of your treatment process or your billing. It is in turn the practitioner's responsibility to communicate clearly with you about your treatment process and your billing, and to answer your questions as clearly as possible. Please do not hesitate to discuss any issue at any time; your inquiries will be met with respect and prompt attention.

2) **RISK MANAGEMENT**: Oriental medicine, which includes acupuncture treatment, is a system of medicine involving the insertion of sterile needles, among other treatment modalities within the scope of practice. As is the case with all forms of medicine, there are potential risks involved in acupuncture treatment. All precautions are taken to minimize any risk as much as possible. Only new sterile disposable needles are used. You will receive unique and personalized care specifically adapted specifically to your condition, however no particular results can be guaranteed. It is important for you to participate fully in your treatment program so that together we may accomplish as much as possible for your health.

3) **BILLING & PAYMENT**: Payment is due at the time of treatment. Detailed receipts are available for all transactions, which include all information necessary for insurance purposes. If the health insurance coverage you have purchased covers acupuncture treatment, it is your right to receive compensation for that treatment as per the conditions of your policy. You are entirely responsible for all communication with and reimbursement from your insurance company. We will not bill your insurance company for you, and cannot guarantee any coverage for treatment; that is between your insurance company and you. **Please be advised that you will be charged in full for any appointments broken without 24 hours notice, and that there is a \$50 fee assessed for any dishonored payments.**

4) **PRIVACY PRACTICE**: This office observes a strict confidentiality policy consistent with federally required HIPAA standards. Your patient file along with any and all information given and discussed in the context of any treatment is considered confidential, and shall not be released without your written consent, except as required by law. Our office does not conduct electronic billing procedures, and at no time will any of the information contained in your patient file leave this office without your written consent, except as required by law.

### ACKNOWLEDGEMENT:

*I have read and fully understand the above, and furthermore agree to all of the considerations outlined. I understand that I may discuss any aspect of my treatment or billing at any time. I understand and consent to the potential risks involved in acupuncture treatment. I understand that regardless of my insurance status, I am responsible for payment of my account. I acknowledge receipt of and understand the privacy practice of Amy E. Young.*

patient's signature \_\_\_\_\_ date \_\_\_\_\_

patient's printed  
name \_\_\_\_\_