Patient Advisory to Consult a Physician

Healing Points Acupuncture, PC and their affiliates is committed to your health and wellbeing. While Oriental medicine has a great deal to offer as health care system, it cannot totally replace the resources available through biomedical physicians. Consequently, it is recommended that you consult a physician regarding any condition or conditions for which you are seeking acupuncture treatment.

To comply with Article 160, Section 8211.1 (b) of NYS Education law, it is requested that you read and sign the following statement:

I undersigned, do affirm that _______________________________ (Patient) has been advised by Healing Points Acupuncture, P.C. and their affiliates, to consult a physician regarding the condition or conditions for which such patient seeks acupuncture treatment.

Patient Name: _______________________________________________________________________________

Signature ________________________________________________________ Date _________________________

Authorization to Release Information & Assignment of Benefits

I authorize the release of any information requested to process health insurance claims. I authorize payment to be made directly to Healing Points Acupuncture, P.C. and their affiliates. I understand that I am responsible for all charges not covered by this assignment.

Patient Name: _______________________________________________________________________________

Signature: ________________________________________________________ Date: _______________________

Dietary and/or Nutritional Supplementation

By signing below, you acknowledge that any dietary or supplemental suggestions made by Michelle N. Iona, L.Ac. and Healing Points Acupuncture, P.C. are entirely nutritional in nature and are not intended as the diagnosis, cure or treatment of any disease or ailment. You also acknowledge that your physician is your primary health care provider and is responsible for supervising all changes in diet and nutrient intake that you make.

Patient Name: _______________________________________________________________________________

Signature: ________________________________________________________ Date: _______________________

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