

Financial and Privacy Policy

At LIV acupuncture we believe in offering our patients choices when it comes to their own health care. This holds true with our financial and privacy policy. Your health is our first priority so we offer a variety of financial options, allowing us to focus on your health.

Currently LIV acupuncture is an in-network provider for both Excellus and MVP insurance plans if your specific policy provides coverage for acupuncture treatments. Patients with insurance must provide a copy of their current insurance card and driver's license for verification of benefits. Once coverage is determined, all co-pays, deductibles and other payments are due in full at the time services are rendered. Patients without insurance will also be served according to our current fee schedule, which is available upon request. We accept **checks, cash, and credit cards**.

Cancellation Policy

The practitioner may charge a \$45 no-show fee for appointments not cancelled 24 hours in advance

Privacy Policy

We are required to collect and maintain personal information about you and are required by law to disclose the following:

Types of Personal Information We Collect

Personal and health information about you that is provided by you when you fill out the patient registration form.

Parties to Whom We Disclose Information

For current and former patients, I do not disclose any personal or health information obtained in the course of my practice except as required or permitted by law for billing your insurance company for payment of services. Permitted disclosures include providing information to your insurance company who needs to know that information to assist in providing reimbursement for services that you have received.

Protecting the Confidentiality and Security of Current and Former Patient's Information

Records are maintained relating to professional services, as required by professional law, and to be able to assist with professional needs and services. In order to guard your nonpublic personal and health information, physical, electronic, and procedural safeguards that comply with professional privacy standards are in place.

Employee Authorization and Accountability

Any person employed within this facility shall sign a contract waiver of accountability regarding exposure to all private information. No employee shall change, alter or deform any information without prior approval from a supervisor or within the contract guidelines of their operating position. Any employee found to have violated the privacy policy shall be deemed on probation pending investigation and possible termination upon immediate notice.

I acknowledge that I have read and understand the Financial and Privacy Policy as stated above:

Signature: _____ Date: _____