

Spring Wind Acupuncture, LLC
610 W. 2nd Ave, Suite 100
Anchorage, AK 99501
New Patient Registration

Patient Information

Name of Patient: _____ Middle Initial: _____ Date of Birth: _____
Today's Date: _____ Sex at birth: M ___ F ___ Other (please specify): _____
If applicable, Gender Identity: _____ Preferred Pronouns: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Marital Status: Single ___ Married ___ In a relationship ___ Other ___ Occupation: _____
Home Phone: _____ Work #: _____ Cell #: _____
May we leave a detailed message at any of the above? Hm ___ Work ___ Cell ___ Text ___ Email ___
Would you like to receive appointment reminders? (mark all that apply):
None ___ Voice Mail ___ Text ___ Email ___

Emergency Contact:

Name: _____ Relationship to Patient: _____
Address (if different than Patient): _____ City, State, Zip: _____
Home Phone: _____ Work #: _____ Cell #: _____
Email: _____

Optional—I authorize Spring Wind Acupuncture, LLC to speak with the following person about my account: Name: _____ Relationship to Patient: _____

Phone #(s): _____

Minors Only—Person responsible for payment:

Name: _____ Relationship to Patient: _____
Date of Birth: _____ Gender: M ___ F ___ Soc Sec #: XXX-XX-_____
Address (if different than Patient): _____ City, State, Zip: _____
Home Phone: _____ Work #: _____ Cell #: _____
Email: _____

Insurance Information

Insurance: Y ___ (please fill out the rest of this form) N ___ (skip to signature section)

Are you seeing us for a worker's compensation claim?.....Y ___ N ___

Are you seeing us for an auto accident?.....Y ___ N ___

Date of injury: _____ Body part(s) injured: _____

Medical Insurance Company: _____

ID#: _____ Group #: _____

Group or Plan Name: _____

Policyholder info: Same as Patient ___ (skip to next insurance) Other ___ (fill out their info below)

Name: _____ Patient's Relationship to Policyholder: _____

Date of Birth: _____ Gender: M ___ F ___

Address (if different than Patient): _____ City, State, Zip: _____

Home Phone: _____ Work #: _____ Cell #: _____

May we contact this person if we have questions about this insurance? Y ___ N ___

Pg 2 for Patient Name: _____

Secondary Medical Insurance Company: _____

ID#: _____ Group #: _____

Group or Plan Name: _____

Policyholder info: Same as Patient ___ (skip to next insurance) Other ___ (fill out their info below)

Name: _____ Patient's Relationship to Policyholder: _____

Date of Birth: _____ Gender: M ___ F ___

Address (if different than Patient): _____ City, State, Zip: _____

Home Phone: _____ Work #: _____ Cell #: _____

May we contact this person if we have questions about this insurance? Y ___ N ___

Worker's Comp insurance information (fill out only if you are seeing us under worker's comp):

Name of insurance company: _____ Phone#: _____

Address: _____ City, State, Zip: _____

Name of employer: _____

Employer Phone #: _____ Contact Person's Name: _____

Worker's Comp Claim #: _____

Case Adjustor's Name & Ph #: _____

Automobile insurance information (fill out only if you are seeing us for an automobile accident):

Your automobile insurance company: _____ Phone#: _____

Address: _____ City, State, Zip: _____

Your agent's name: _____ Phone #: _____

Claim #: _____ Police Report #: _____

Other Party's Name: _____

Their automobile insurance company: _____ Phone #: _____

Address: _____ City, State, Zip: _____

Their agent's name: _____ Phone #: _____

Signature Section

_____ (initial) I will pay an appointment fee of \$70 (acupuncture) or \$125 (psychotherapy) if I fail to show up for my appointment or cancel less than 24 hours from my appointment time.

_____ I understand that Spring Wind Acupuncture LLC may offer appointment reminders as a courtesy to me, but that it is my responsibility to remember my appointments.

_____ If Spring Wind Acupuncture, LLC has to send my account to a collection agency, I am responsible for paying all collection charges in addition to the original balance due.

_____ I have had an opportunity to view and receive a copy of my HIPAA privacy rights.

<If you do not want us to file insurance for you, you may skip to the signature line below>

_____ I authorize the release of any medical or other information necessary to process my insurance claims. I authorize payment of my government and/or private insurance benefits directly to Spring Wind Acupuncture, LLC.

_____ I understand that Spring Wind Acupuncture, LLC files insurance for me as a courtesy, and I agree to pay all charges my insurance does not pay or that Spring Wind Acupuncture, LLC cannot collect from my insurance in a reasonable amount of time.

Signature of person responsible for paying for visits: _____ **Date:** _____

Personal / Medical Information

Name _____ Date _____

Current health concerns:	How long?	Previous or Current Treatment

Healthcare providers currently working with you (MDs, Psychotherapists, Naturopathic Doctors, Chiropractors, etc.):	For what issues?

Current medications, herbs, supplements	For what condition?	Prescribed by whom?

Past surgeries, major illnesses, emergency care, significant medical history	When/ How long?	Kind of treatment received?	Any remaining concerns?

Previous psychological/psychiatric/ substance abuse services?	When/ How long?	Kind of service received?	Any remaining concerns?

Substances	Frequency/pattern of use, and/or when last used? (Leave blank if none)
Alcohol	
Tobacco	
Marijuana/Hashish	
Cocaine/Crack	
Amphetamine/Crank	
LSD/Other psychedelics	
Heroin/Other opiates	
Other	

Consent – Michael Aanavi, PhD, LAc / Spring Wind Acupuncture, LLC

Credentials and Training

I hold an MS in traditional Chinese medicine and a PhD in clinical/multicultural & community psychology, and am licensed as an acupuncturist and as a psychologist by the State of Alaska. I also have training in a variety of traditional healing modalities under the broad framework of Chinese medicine, and have innate and cultivated capacities as an intuitive guide and energy worker, which I incorporate in my practice. Should you desire further details regarding my education, training, experience, credentials, and approach, please feel free to inquire.

Therapeutic Process

You are entering a healing process with me as a licensed psychologist, as a licensed acupuncturist / practitioner of Chinese medicine, and as an intuitive / spiritual guide and energy worker. Your work with me may include psychotherapy, psychological assessment, health psychology, archetypal / transpersonal therapies, meditation / mindfulness practices, and other psychological services within my scope of practice as a psychologist; acupuncture, herbal medicine, gemstone medicine, *tui na*/massage, cupping, moxibustion, nutritional and lifestyle counseling, *qigong* instruction, external *qigong*/subtle energy therapy, liniment/heat therapy, intuitive diagnosis, and/or other forms of treatment within my scope of practice and/or training as an acupuncturist and practitioner of Chinese medicine. Insights and spiritual guidance based on my intuitive capacities and contemplative practice will also be included as relevant for your care. Specific modalities as well as length and format can vary, and will be determined based on your needs and inclinations as well as my judgment; this is a collaborative process which is always open for discussion.

Disclosure

Please note that Dr. Roxanne Chan, co-owner of Spring Wind Acupuncture, LLC, is my wife as well as business partner. Because we are a small, collaborative practice, as an owner / manager she may encounter your protected health information (PHI) including diagnosis, procedures, billing, and other areas. Of course, all PHI remains confidential except in instances otherwise required by law.

Efficacy

My approach incorporates theories and techniques from the many perspectives within the broad field of psychology and the rich and varied tradition of Chinese medicine, including alternative orientations (e.g., transpersonal and energy psychology) and esoteric lineages (e.g., spiritual, energetic, and intuitive approaches to diagnosis and intervention), and is not evidence-based; results vary for each individual, and I do not make claims nor guarantees regarding treatment outcome or effectiveness.

Risk

Acupuncture, herbal medicine, massage, cupping, and other elements of Chinese medicine are generally safe when administered by a qualified practitioner. However, as with any medical procedure, side effects and/or negative outcomes may occur, including but not limited to pain, bruising, bleeding, and swelling; skin irritation and burns; digestive discomfort; uncomfortable emotional discharges or bodily experiences; on rare occasion, pneumothorax, puncture of internal organs, internal bleeding, or fainting; worsening of symptoms; disruption of other life areas including work and relationships. Should I prescribe herbal medicinals, they should be taken only in the manner prescribed. Herbs may taste unpleasant, and may cause digestive discomfort or other side effects. I am not responsible for problems due to the quality of herbal products, or errors on the part of outside vendors.

Psychological services are generally safe; however, they can be demanding in a variety of ways, are complex and vulnerable processes, and may result in emotional discharges and other uncomfortable experiences. Symptoms may worsen, and you may experience disruption of life areas including but not limited to work and relationships.

Insights and spiritual guidance based on my intuitive capacities and contemplative practice are highly subjective. Your choices are your own: please use your own best judgment / discretion with regard to these kinds of insights and guidance, and how you choose to interpret and utilize this information / guidance.

Consent – Michael Aanavi, PhD, LAc / Spring Wind Acupuncture, LLC

Medical qigong and other forms of energy work are generally safe, but can elicit physical and/or emotional discomfort in ways that are not always predictable.

Boundaries and Touch

With some limited exceptions, psychological services typically do not include physical touch. However, Chinese medicine utilizes touch for a variety of reasons—including palpation of affected areas of the body for diagnostic purposes, taking the pulse, massage and application of liniments, needle insertion, and other aspects of diagnosis and therapy. Therefore, working with me in a process involving both clinical psychology and Chinese medicine will involve physical touch within my scope of practice as a licensed acupuncturist—including but not limited to palpation, needling, and massage, as clinically indicated.

At the same time, touch can be a complex area; in your healing process, your relationship to your physical, psychological, and energetic boundaries is very important, and a variety of related considerations can arise. Therefore, should you feel uncomfortable with any aspect of diagnosis or therapy—even if you're not sure why—please do not hesitate to let me know so that we can pause, discuss options, and address any concerns. Please note that you may decline palpation, needling, or any other form of touch at any time, for any reason, and are under no obligation or pressure to engage in any aspect or form of diagnosis or treatment, even if you have previously given consent to do so; you may decline any form or aspect of therapy at any time. Should you have questions about any aspect of my approach at any time, please ask.

Fees/Insurance

Fees will be charged as appropriate based on services provided, including but not limited to evaluation and management, acupuncture, psychological services, and behavioral health procedures. Because of the nature of insurance billing, often services are coded according to length of time spent with a particular approach, and will be billed accordingly. Please note that when billing insurance for both psychological services and acupuncture / Chinese medicine services some plans may require separate copayments for each form of service even though both occur at the same visit; you may wish to contact your insurance provider for clarification with regard to your plan.

As a courtesy, Spring Wind Acupuncture, LLC, offers direct billing of health insurance. It is your responsibility to familiarize yourself with the parameters of your policy and any coverage limits. All copayments and deductibles are due at the time of service. You are responsible for all fees, regardless of the status or ultimate result of any insurance claim or other third-party payment process, including any denied claims, partial payments, non-covered charges, unreasonably delayed claims, or other fees or payments not reimbursed by your carrier for any reason. We are not responsible for the outcome of any insurance claim, and if claims are denied or delayed it may not be possible to revise and/or re-submit them to your carrier. If you elect to utilize health insurance coverage or other forms of third-party payment, please note that this requires me to provide personal health information to your carrier, and may allow them to have significant access to your medical records; I am not responsible for any misuse of your protected health information by other parties.

Some services such as intuitive / spiritual guidance and some forms of energy work are not 'clinical' and may not be billable under health insurance plans. Additional costs may apply.

If you are not utilizing health insurance billing, unless other arrangements are made in advance, all fees are due at the time of service. A \$50 fee will be charged for returned checks.

Fees for herbs and other nutritional supplements are billed separately; these fees are generally not eligible for health insurance reimbursement.

Cancellation Policy

24 hours' notice is required for cancellation of appointments. Should you miss a scheduled appointment without notice, or should you need to cancel an appointment with less than 24 hours notice, you will be charged a fee of \$125. Please note that fees for missed appointments are not covered by health insurance or other third party payers; it is not possible to submit claims for reimbursement for missed sessions. Should you

Consent – Michael Aanavi, PhD, LAc / Spring Wind Acupuncture, LLC

arrive late for your appointment, your session duration will be shortened accordingly; however, you remain responsible for the full fee for that appointment. As above, you may decline services in whole or in part, and/or may end a session at any time, for any reason; however, you remain responsible for the full fee for your scheduled appointment.

My Absences

I do my best to give as much notice for my absences as possible, usually several weeks in advance, except in instances of illness or emergency. However, I take time off for seasonally appropriate subsistence activities, and due to the dynamics of natural cycles and wildlife behavior am not always able to give my usual degree of advance notice; in these cases I typically give at least 24 hours notice, and generally have colleagues available should you need to meet or speak with someone in my absence. I also have a young child and on occasion may need to cancel appointments with relatively short notice due to illness or school closures.

Referral and Refusal of Services

Although it would be unusual for me to refuse services, I may do so at any time, at my discretion. Reasons for refusal of services include but are not limited to: abusive language or behavior; unpaid fees; repeated cancellation, non-attendance, or tardiness for appointments; intoxication.

Legal proceedings

If you are involved in or become engaged in legal proceedings of any kind—criminal, civil, family, etc.—that would potentially require my professional services, please note that I charge a fee of \$400 per hour or fraction thereof for any and all related activities, including but not limited to telephone and email correspondence, consultation with attorneys, report writing, depositions, and time spent in court/testimony, waiting, and travel.

Scheduling and Contact Info

For all scheduling, billing, and other administrative issues, feel free to contact me by voice or text at 907-440-8660, or by email at springwindacup@gmail.com or at drmikespringwind@gmail.com. For cancellations or schedule changes, for quicker response you may also call or text my private line at 907-297-8590. If I am not immediately available, I will get back to you as soon as possible. However, please note that I am not available on an urgent basis; in the event of a medical, psychological, or other emergency, please seek urgent services as appropriate, including calling 911 or going to a hospital emergency room. Also please note that I do not provide detailed information, consultation, or other clinical services via email or text; I can be reached by email or text for succinct scheduling or other logistical communications only.

By signing below, you state that you have reviewed, understand, and agree to the above, and that:

- You consent to receive therapeutic services from me, with knowledge of the above, based on my judgment.
- If relevant, you allow me to release limited information about you to outside vendors for purposes of purchase, prescription, and/or preparation of herbal formulas and other related services.
- You understand and agree that your protected health information will be accessible to office staff, billing services, and others retained for administrative duties related to operation of Spring Wind Acupuncture, LLC;
- If you experience any changes in your medical or psychological condition, health status, prescription medications, or herb/supplement regimen, or if you experience discomfort or a negative treatment effect of any kind, whether during or after an appointment with me, you will inform me as soon as possible and seek urgent medical attention if appropriate.
- If you are pregnant, think you may be pregnant, or are attempting to become pregnant, you will inform me at earliest opportunity so that I can adjust any therapies appropriately.

Name

Signature

Date

Consent – Michael Aanavi, PhD, LAc / Spring Wind Acupuncture, LLC

Telehealth Consent Addendum – Michael Aanavi, PhD, LAc / Spring Wind Acupuncture, LLC

At my discretion, I provide telehealth services within my scope of practice as a psychologist and acupuncturist licensed by the State Alaska, limited to those physically present in Alaska; telehealth services are not available in the event of your travel or relocation outside this state.

Consent forms you have signed remain in force for telehealth services, including policies related to missed sessions, fees, and all other areas and considerations.

As a courtesy, Spring Wind Acupuncture, LLC, bills health insurance for telehealth when coverage is available. Telehealth reimbursement may change with little notice from third party payers, and they may decline to reimburse at any time. As with all billed services, you are ultimately responsible for all fees and charges.

If you are not able to participate in all or part of your scheduled telehealth session due to technical issues of any kind, full fee will still be charged for the entire scheduled session time; this may not be covered by health insurance. Should we experience loss of session time greater than 5 minutes due to technological issues at my end, I will either pro-rate the charge for that session, or make up a commensurate amount of session time at another visit, at my discretion.

If we are meeting by phone, I will await your call at your scheduled time at 907-297-8590. If we are meeting by video conference, please log in at doxy.me/drmichaelaanavi, at or a few minutes before your scheduled time. Please be sure to have a private, quiet space from which to engage in your telehealth appointment.

By signing below, I acknowledge that I have read and agree to the above.

Name

Signature

Date

**Notice of Privacy Practices
Spring Wind Acupuncture
Anchorage, AK**

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What is this Notice and Why is it Important? As of April of 2003, a new federal law (“HIPAA”) went into effect. This law requires that health care practitioners create a notice of privacy practices for you to read. This notice tells you how we at SpringWind Acupuncture, will protect your medical information, how we may use or disclose this information, and describes your rights. If you have any questions about this notice, please contact us directly at 907-440-8660.

Understanding Your Health Information During each appointment, we record clinical information and store it in your chart. Typically, this record includes a description of your symptoms, your recent stressors, your medical problems, a mental status exam, any relevant lab test results, diagnoses, treatment, and a plan for future care. This information, often referred to as your medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the health professionals who contribute to your care
- Legal document of the care you receive
- Means by which you or a third-party payer (e.g. health insurance company) can verify that services you received were appropriately billed
- A tool with which we can assess and work to improve the care we provide

Your Health Information Rights You have the following rights related to your medical record:

- *Obtain a copy of this notice.*
You can read this notice in the waiting room, and you can also obtain your own copy if you would like.
- *Authorization to use your health information.*
Before we use or disclose your health information, other than as described below, we will obtain your written authorization, which you may revoke at any time to stop future use or disclosure.
- *Access to your health information.*
You may request a copy of your medical record from us at any time.
- *Change your health information.*
If you believe the information in your record is inaccurate or incomplete, you may request that we correct or add information.
- *Request confidential communications.*
You may request that when we communicate with you about your health information, we do so in a specific way (e.g. at a certain mail address or phone number). we will make every reasonable effort to agree to your request.
- *Accounting of disclosures.*
You may request a list of disclosures of your health information that we have made for reasons other than treatment, payment or healthcare operations.

Our Responsibilities

- We are required by law to protect the privacy of your health information, to provide this notice about our privacy practices, and to abide by the terms of this notice.

- We reserve the right to change our policies and procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this notice.
- Except for the purposes related to your treatment, to collect payment for our services, to perform necessary business functions, or when otherwise permitted or required by law, we will not use or disclose your health information without your authorization. You have the right to revoke your authorization at any time.

When Can We Legally Disclose Your Health Information Without Your Specific Consent?

- *In order to facilitate your medical treatment.*
For example: Your primary care physician or your psychotherapist might call us to discuss your treatment, and in that situation we would disclose information about your diagnosis, your medications, and so on.
- *In order to collect payment for health care services that we provide.*
For example: In order to get paid for our services, we have our billing staff send a bill to you or your insurance company. The information on the bill may include information that identifies you, as well as your diagnosis, and type of treatment. In other cases, we fill out authorization forms so your insurance company will pay for extra visits, and this includes some information about you, including your diagnosis.
- *In order to facilitate routine office operations.*
For example: Occasionally, we dictate notes from visits, usually for letters to other clinicians. In that case, your health information will be disclosed to the transcriptionist.

Will We Disclose Your Health Information to Family and Friends? While the new law allows such disclosures without your specific consent (as long as it contributes to your treatment), our office policy is that we will *never* share your clinical information with your family without a signed authorization from you. The BIG EXCEPTION to this is if we believe you pose an immediate danger to yourself or someone else—in that case, we will do whatever is necessary, even if that means breaching confidentiality.

Less Common Situations in Which We Might Disclose Your Health Information

- Workers compensation: we may disclose your health information to comply with laws relating to worker's compensation or other similar programs.
- Law enforcement: we may disclose your health information for law enforcement purposes as required by law or in response to a valid subpoena, or court or administrative order. This includes any information requested by the Department of Social Services (DSS) related to cases of neglect or abuse of children.
- Food and Drug Administration (FDA): we may disclose to the FDA your health information relating to adverse events due to medications.
- Business associates: We hire a billing company to send out bills to insurance companies. Some of the employees of this company have access to a small portion of your health information in order to allow them to do their job.

For More Information or to Report a Problem. If you have questions, would like additional information, or want to request an updated copy of this notice, you may contact us, Spring Wind Acupuncture at any time at (907) 440-8660. If you feel your privacy rights have been violated in any way, please let us know and we will take appropriate action.

You may also send a written complaint to:

Department of Health & Human Services, Office of Civil Rights,
Hubert H. Humphrey Building 200 Independence Avenue

S.W. Room 509 HHH Building
Washington, D.C. 20201