

GLYNN PELLAGRINO, Lic. Ac.

Acupuncture  
Herbal Medicine  
Tai Chi



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Corinth  
VT 05039

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Bradford & Windsor, VT

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Member VTAA

**Cancellation Policy:** Appointments must be cancelled with 24-hour notice. Appointments cancelled with less than 24-hour notice will be billed at full appointment rate. You may cancel appointments by leaving a voicemail message on the office phone listed above.

**Payment for Services:** All patients must pay for services rendered at the time of each appointment. Any other arrangements must be made and agreed-upon in advance. Some insurance companies do reimburse for acupuncture – check with yours to discover their policies. We will not bill insurance companies, but will give you a receipt so you may collect reimbursement from your carrier.

**Confidentiality:** We are committed to protecting and maintaining your confidentiality. No information will be allowed outside the treatment room without your express consent. Every effort made to assist in coordinating your care with other healthcare providers will use HIPAA-compliant communications.

If it is all right for us to leave messages concerning your appointment schedule at your home phone number, please initial here: \_\_\_\_\_

If it is all right for us to leave messages concerning your appointment schedule at your work phone number, please initial here: \_\_\_\_\_

By initialing above, you give permission for your acupuncturist(s) to identify themselves as a traditional Chinese medicine office/practitioner and leave telephone messages concerning the date and time of upcoming appointments, or requesting a return a call to the acupuncture office.

**DNR Order:** If you have a Do Not Resuscitate order that you would like us to honor, please sign and date here and provide us with a copy of the order for your file. It is your responsibility to inform us if any changes occur in the status of this order:

**Ethical Conduct:** We have provided you with disclosure per the VT Secretary of State's Office of Professional Regulation regarding the ethical conduct of acupuncture and Oriental medicine, and have provided a form to take home with you

By signing below, I indicate that I have read and reviewed the contents of this form and agree with and consent to all its provisions:

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
Date

Name of Patient if Different from Above: \_\_\_\_\_

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date