



## HearLight Wellness of Santa Fe LLC

2904 Via Chiquita

Santa Fe, New Mexico 87505

505-428-0862

### HEALTHCARE TREATMENT AGREEMENT

#### **VOLUNTARY**

I hereby voluntarily consent to be treated by **HeartLight Wellness of Santa Fe LLC** with one or a combination of Acupuncture, Nambudripad Allergy Elimination Techniques® (NAET), Loomis System® Digestive Enzyme Therapy, Therapeutic Hypnotherapy, and other Wellness therapies and counseling.

The therapies and procedures involved in this treatment have been explained to me. I understand I may be treated with the insertion of needles and/or with the application of heat to the skin; physical and energy testing for allergies; analysis and treatment of digestive disorders; evaluation and treatment for stress with hypnotherapy; and other wellness therapies. I have not been guaranteed any general or specific results or success concerning the uses and effects of these therapies.

I understand that I am free to discontinue treatment at any time and that I am responsible for paying any pending fees and charges at the time I discontinue treatment.

#### **POSSIBLE SIDE EFFECTS/HEALING REACTIONS**

I understand that acupuncture may result in certain side effects, including bruising, slight bleeding, fainting, temporary pain or discomfort, and temporary aggravation due to pre-existing symptoms prior to treatment.

I understand that NAET allergy treatment, Loomis Digestive Enzyme treatment, therapeutic hypnotherapy, and other wellness therapies and counseling may have side-effects due to pre-existing symptoms prior to treatment.

Conventional medical therapy also may be indicated, either in response to an emergency or as deemed necessary by the discretion of a licensed physician.

#### **MEDICAL REFERRAL**

I understand that there is infectious disease carried in the air, through physical contact, and through bodily fluids. I understand that the practitioner will follow the prescribed precautions to guard against the spread of infections.

In the case of blood-borne infections, such as hepatitis or HIV, I understand that the practitioner will follow strict precautions. The practitioner will use only sterilized, pre-packaged disposable needles. Needles that are used for my treatment are used on me and are inserted according to clean needle procedure based on nationally prescribed standards.

I understand that my questions about the safety of acupuncture, NAET®, Loomis® digestive therapy, therapeutic hypnotherapy, and other wellness therapies, and the precautions taken by the practitioner will be answered as fully as possible before treatment.

**SERVICES ARE NOT MEDICAL ADVICE** – The services of HeartLight Wellness of Santa Fe LLC for acupuncture, NAET®, Loomis® digestive therapy, therapeutic hypnotherapy, and other wellness therapies must not be regarded as medical opinion or advice or a diagnosis and treatment by a licensed western medical practitioner.

All procedures, treatments, therapies, and counseling are conducted under the auspices of HeartLight Wellness of Santa Fe LLC.

**FEES AND APPOINTMENTS**

I understand that the first consultation fee is \$\_\_\_\_\_ and a subsequent treatment fee is \$\_\_\_\_\_, **cash, check or credit card**. This fee is due upon completion of the treatment.

**APPOINTMENT CANCELLATION NOTICE** – I agree to notify HeartLight Wellness by telephone at least 24 hours before cancellation an agreed upon appointment. I understand that a **\$50.00 fee** will be charged for failure to cancel without 24-hour notice.

**PRIVACY AND CONFIDENTIALITY**

Privacy and Confidentiality and privacy of all treatments and records will be preserved at all times.

This Healthcare Agreement constitutes the entire agreement between the undersigned and HeartLight Wellness of Santa Fe LLC relating to the subject matter addressed in this Agreement. This Agreement supersedes all prior communications, or agreements between the parties concerning the subject matter addressed in this Agreement, whether oral or written.

I have read and understand this agreement. I have felt free to ask questions regarding my treatment, and it has been satisfactorily explained to me.

\_\_\_\_\_  
Patient Signature Date

\_\_\_\_\_  
Doctor Signature Date

NOTES \_\_\_\_\_  
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