

The People's Medicinesm
Acupuncture and Holistic Wellness Center
559 South Duncan Ave.
Clearwater, FL 33756

Noncompliance and Harassment

This noncompliance and harassment form will act as both a reminder of the health goals we are setting on your behalf and the importance of following the instructions of your healthcare provider, **James A. Lugo, AP** that you have freely selected. In addition, it will outline specific violations that must be avoided to continue our working relationship.

Noncompliance, which includes but is not limited to, disregarding my instructions and recommendations, performing self diagnosis, altering the dosage of any herbal, homeopathic, or other products I have provided or suggested for you to use, missing scheduled appointments [other than emergency situations] will prevent me from assisting you and reduce the effectiveness of my services. More importantly, please be aware that herbs and other non-pharmaceutical substances can, if used improperly, have serious side effects. Therefore, please follow my instructions for your own safety.

In relation to harassment, it will not be tolerated in any form, sexual or other and will be terms for immediate termination of our working relationship. Likewise, it should be noted that while I am treating the whole body, at times it may be necessary to expose parts of your body for palpation or visual inspection as well as for the insertion of needles into various points around the body. If you are not comfortable with such practices then please disclose this now, so that we may develop an appropriate alternate plan of action, which may include referring out to another practitioner.

By signing this form you agree to earnestly follow my instructions and recommendations regarding your health. Doing so will allow me to perform my duties efficiently and most effectively on your behalf. Additionally, you are acknowledging that the services I provide are not sexual in any manner and that you will not now or in the future have grounds to misinterpret them as such. Furthermore, if you become noncompliant it will be within my rights as a healthcare practitioner to terminate our working relationship. That said, I am hopeful we will work together for the benefit of your health and that neither situation will ever come to fruition.

By signing below you also acknowledge that you clearly understand this form and are signing it freely and without duress. Furthermore, you agree to hold harmless **James A. Lugo, AP** if you are found noncompliant and services are terminated.

Patient's Signature

Date

Physician's Signature

Date