



# WELL WITHIN NATURAL MEDICINE, INC.

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Acupuncture | Oriental Medicine | Energy Medicine | Energy Psychology | Nutrition

## MEDICAL INFORMATION RELEASE FORM

**Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

The following individuals may need to contact Well Within Natural Medicine, Inc. inquiring about my medical care. I give my permission for the staff of Well Within Natural Medicine, Inc. to verbally discuss my medical care with:

\_\_\_\_\_  
**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

\_\_\_\_\_  
**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

I give permission to leave a message about my medical care at the following phone numbers: \_\_\_\_\_

I **do not** give my permission for the staff of Well Within Natural Medicine, Inc. to verbally discuss any information regarding my medical care with anyone. \_\_\_\_\_.

## STATEMENT OF FINANCIAL RESPONSIBILITY

I agree to pay Well Within Natural Medicine, Inc. for any and all charges for services rendered at the time of service. I understand that Well Within Natural Medicine, Inc. does not accept insurance reimbursement nor will they file insurance papers on my behalf. A receipt for services will be provided to me on request.

**If I need to cancel, I understand it is my responsibility to notify Well Within Natural Medicine, Inc. 24-hours in advance of any scheduled appointment to avoid being charged. I also understand I will be charged the full fee if I do not provide a 24-hour cancellation notice via phone.**

All consultations are by appointment only. I agree to arrive and depart all appointments at my scheduled time. I understand that a late arrival (15-minutes) or a no show means a cancelled appointment for which I am responsible for full payment.

By signing below, I show that I have read or have had read to me the above Medical Information Release Form, Statement of Financial Responsibility, cancellation policy, payment policy, appointment policy and that I agree.

\_\_\_\_\_  
**SIGNED**

\_\_\_\_\_  
**DATE**

This signed release will not be invalidated without written and signed notice rescinding the authorization.