

## Check list for creating the “Patient Information Document”

A. provide to a patient prior to rendering services a patient information document, either in writing in plain language that the patient understands or, if the patient cannot read, orally in a language the patient understands, containing the following:

- (1) The complementary and alternative health care practitioner's
  - Name
  - Title
  - Business Address
  - Telephone Number
- (2) A statement that the complementary and alternative health care practitioner is not a health care practitioner licensed by the state of New Mexico;
- (3) A statement that the treatment to be provided by the complementary and alternative health care practitioner is complementary or alternative to health care services provided by health care practitioners licensed by the state of New Mexico;
- (4) The nature and expected results of the complementary and alternative health care services to be provided;
- (5) The complementary and alternative health care practitioner's
  - Degrees
  - Education
  - Training
  - Experience
  - Other qualifications regarding the complementary and alternative health care services to be provided.
- (6) the complementary and alternative health care practitioner's
  - fees per unit of service
  - method of billing for such fees
  - a statement that the patient has a right to reasonable notice of changes in complementary and alternative health care services
  - charges for complementary and alternative health care services;
- (7) A notice that the patient has a right to complete and current information concerning
  - the complementary and alternative health care practitioner's assessment
  - recommended complementary and alternative health care services that are to be provided, including
    - the expected duration of the complementary and alternative health care services to be provided
    - the patient's right to be allowed access to the patient's records and written information from the patient's records;

<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<p>(8) A statement that patient records and transactions with the complementary and alternative health care practitioner are confidential unless the release of these records is authorized in writing by the patient or otherwise provided by law;</p> <p>(9) A statement that the patient has a right to coordinated transfer when there will be a change in the provider of complementary and alternative health care services; and</p> <p>(10) The name, address and telephone number of the department and notice that a patient may file complaints with the department; and</p>
<p>B. Obtain a written acknowledgment from a patient, or if the patient cannot write an oral acknowledgment witnessed by a third party, stating that the patient has been provided with a copy of the information document.</p>	
<input type="checkbox"/>	<p>The patient shall be provided with a copy of the written acknowledgment, which shall be maintained for three years by the complementary and alternative health care practitioner providing the complementary and alternative health care service.</p>