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1.0 MISSION STATEMENT

The Mission of the American College of Traditional Chinese Medicine is to provide exemplary professional education and quality patient care in acupuncture and Traditional Chinese Medicine.

VISION STATEMENT

The American College of Traditional Chinese Medicine will be the pre-eminent academic medical center for acupuncture and Traditional Chinese Medicine in North America.

CORE VALUES

American College of Traditional Chinese Medicine values…

• Embracing the Philosophy and Spirit of Traditional Chinese Medicine
  • Integrity
  • Intellectual Freedom
  • Diversity
  • Respect
• Caring and Compassion
• Harmony and Balance
2.0 General Administration

2.1 Organizational Chart

2.2 Clinic Staff

2.2.1 Dean of Clinical Education

The Dean of Clinical Education reports directly to the Provost /VPAA. The Dean is responsible for the administration and coordination of the College Clinic to maintain a safe, effective and professional operation of the clinic. The Dean works closely with the MSTCM Dean, college staff, students, patients, and clinic reception.

Responsibilities:
POLICIES AND PROTOCOLS

- Policies concerning the mission, goals and objectives of the Clinic are developed by the Dean of Clinic Education. Long-range plans are developed by the Dean, the President, Provost/VPAA and the Board of Directors and documented in the minutes of the Board of Directors meetings.

- Fiscal management of the Clinic is governed by the Dean of Clinical Education in conjunction with the President, Provost/VPAA and Controller. The Dean oversees expenditures and maintenance of supplies.

The Dean shall:

- Inspire and give vision to the clinic. Create a climate consistent with the healing and teaching mission of the clinic.

- Establish educational standards for clinical students

- Assure regulatory compliance for the clinic

- Maintain quality patient care

- Function as consultant to community health care organizations,

- Coordinate clinic outreach and marketing, initiate promotions, health fair participation, speaking engagements, and public relations.

- Develop and expand clinic externship sites.

- Develop research.

QUALITY OF PATIENT CARE

- The Dean of Clinical Education is responsible for maintaining clinical standards of care. To this end, the Dean arranges for quarterly meetings of the Clinical Faculty. The minutes of these meetings are maintained by the Dean.

- Quality of care is reviewed and evaluated by the Quality Assurance Committee. The QA Committee is chaired by the Dean of Clinics and includes several clinical faculty members. The Dean arranges regular meetings of the QA Committee, or as needed to review clinic policy, research or grievances. The minutes of these meetings are maintained by the Dean. The Dean manages risk assessment and oversees progress of variance reports.

- The Dean is assigned the position of patient advocate when admitting a new patient or when dealing with a patient grievance. The Dean may advise the patient of his/her rights and responsibilities as a patient in the clinic.

CLINICAL FACULTY, STUDENTS, FRONT DESK RECEPTION

The Dean of Clinical Education shall:

- Hire, retain, and promote clinical teaching faculty. Call and chair meetings of clinical faculty. Attend faculty meetings, administrative staff meetings, and other college meetings. Complete annual reviews for clinic faculty to include chart review and student evaluation of faculty. Upon the approval of the
President, the Dean reviews and authorizes clinical appointments and administrative responsibilities, including final authority for the curtailment of clinical privileges.

- Hire, retain, and promote front office staff. Oversee all responsibilities of Clinic Administrator, Clinic Reception and Clinic Supply Coordinator. Supervise maintenance and operation of Medisoft office management software, including daily and monthly reports.

- Manage student and employee health, Norcal medical malpractice insurance, infection control, compliance with OSHA regulations, and policies and procedures.

- Maintain records of staff/student compliance of TB, CPR, and licensing requirements.

- Supervise medical billing receptionist and insurance billing for Workman’s Compensation, medical and private insurance.

**CLINICAL TRAINING**

The Dean of Clinical Education shall:

- Administer and coordinate the clinical training of students. Develop curriculum and supervise clinical teaching faculty. Arrange clinic schedule in conjunction with the DAOM and MSTCM Deans. Review and evaluate the recommendations of the students via a student clinic liaison.

- Supervise curriculum for clinic orientation classes to prepare students for all aspects of their clinical training. Instruct classes for students and graduates to prepare for the State Examination.

**2.2.2 Assistant Clinic Dean**

Weekly tasks
- Attends Department Chair Meeting as a representative of the Clinic
- Scheduling of Clinic shifts for students and faculty

Quarterly tasks
- Collects faculty resumes for new Clinic faculty and distributes to department chairs
- Oversees interviewing, hiring, training, and teaching schedule of Clinic faculty
- Prepare quarterly Clinic schedule with the Dean of Clinical Education and registrar
- Prepare Clinic contracts during quarter break and make file
- Collect Clinic faculty Evaluations each quarter
- Collect Clinic faculty and student CPR and First Aid training records
- Prepare Faculty meeting agenda each quarter
- Distribute mid-term evaluations form to Clinic faculty
- Establish and implement policies, procedures, schedules, and fees

Yearly tasks
- Prepare annual Clinic budget and projections with the Dean of Clinic
- Prepare annual Clinic faculty evaluation, chart review, and point evaluation
- Collect annual Health certificates of Clinic faculty
- Strategic Planning
- Quality Assurance Committee
- Curriculum Committee

**2.2.3 Chief Academic and Clinical Advisor**
The Chief Academic and Clinical Advisor is an advisor and resource to the DAOM and MSTCM Deans and the Dean of Clinical Education.

The Chief Academic and Clinical Advisor shall:

♦ Ensure that any changes in policies or procedures are in compliance with the CA Acupuncture Board guidelines and/or any other appropriate body.

♦ Make suggestions to upgrade clinical education.

♦ Serve in absence of either the MSTCM Dean or Dean of Clinical Education.

2.2.4 Responsibilities of Clinical Faculty (Supervisors)

Clinic Instruction includes the advisement and supervision of assigned Students in the clinical setting. Student advisement includes the imparting of specific practitioner skills and knowledge as described in approved clinic course syllabi. Evaluation of student acquired skills and knowledge shall be implemented and documented as per agreement with the Clinic Training Manual.

♦ Clinical shifts are four hours in length. During these hours, ACTCM Clinical Teaching Faculty (Supervisors) are required to devote their time to the treatment of patients and to the training of Interns, Trainees, and Observers. There are two distinct job functions. With Observers and Trainees, faculty function as practitioner. With Interns, faculty function as supervisors. In both cases faculty must sign all charts and are ultimately responsible for all patient treatments as well as the training and development of students.

♦ In the event that a patient is not scheduled during any time of the shift, the supervisor is required to utilize this time instructing the students in TCM clinical practice. Suggestions include review of point locations, case review, pulse diagnosis, charting protocols, herbal review, treatment of the student clinicians, review of treatment protocols for diseases, review of four point needle technique.

♦ During the clinical shift, the supervisor must remain either in the clinic faculty room, consultation rooms or in a treatment room with a patient and/or student(s).

♦ Clinical teaching faculty are responsible for their own accurate and complete charts and for supervising accurate and complete charting by Interns. All charts must clearly delineate a chief complaint; charts must be properly signed; herbal formulas prepared by students must be checked; needle slips must be complete. Supervisors are required to monitor the Intern’s clinical performance. The following clinical skills must be directly supervised at appropriate times during the quarter for each intern: history taking, tongue, pulse, diagnosis, needling technique and location, preparation of herbal formulas, patient instructions, and referrals.

♦ Supervisors are required to include direct trainee participation in clinical treatments. Supervisors with students who are in their last quarter of Trainee III are required to allow the student independence under direct supervision as a preparation for Internship.

♦ Clinical faculty are required to be punctual and to attend quarterly clinical faculty meetings and in services.

CREDENTIALING

All acupuncturists on staff must have the following current credentials. It is the responsibility of the Dean of Clinical Education to obtain copies of these credentials from staff.
1. Copy of current California Acupuncture license issued by the California State Board Acupuncture Committee.

2. Curriculum vitae (including previous practice experience).

3. Copies of professional degrees and all post-graduate training certificates.

4. Health self-assessment form, including screenings for TB and Hepatitis B.

5. Current certification in CPR.

2.2.5 Clinic Administrator

A. Front Desk
   1. Supervises front desk and its daily operation
   2. Arranges the front desk schedule for each quarter and quarter break
   3. Presents weekly report to Dean of Clinical Education about the front desk
   4. Communicates between the front desk staff and Dean of Clinical Education and College
   5. Resolves conflicts with patients
   6. Resolves any conflicts between front desk staff
   7. Provides adequate support to the front desk staff and training
   8. Hosts front desk staff meeting
   9. Updates quality assurance log
   10. Evaluates the performance of front desk staff
   11. Conduct interviews of prospective staff
   12. Purchases front desk related equipment and software
   13. Updates front desk manual
   14. Asks faculty members to write the patient progress report as needed
   15. Hire, retain, and promote front desk staff

B. Students
   1. Reports to the Dean of Clinical Education regarding clinic incident and assists Dean to resolve issues, provide immediate remedy, and take appropriate actions
   2. Monitors clinic student punctuality
   3. Notify clinic students about clinic supply
   4. Assists Dean for quarterly clinic lottery

C. Faculty
   1. Monitors faculty punctuality and turns in a report to the Dean of Clinical Education once a month
   2. Arranges substitutes for clinic faculty and arranges clinic faculty schedule
   3. Supervises the faculty members to complete the missing required signatures
   4. Act as a mediator between clinic faculty and front desk personnel
   5. Hosts and arranges topics of discussion for clinic faculty meetings

D. Clinic Area
   1. Monitors the janitorial issues in the clinic
   2. Monitors the remodeling of the clinic treatment room

E. Community
   Makes presentation to non-profit organizations, e.g. senior centers and students in community colleges to inform and introduce them to the ACTCM clinic.

F. HIPAA Privacy officer
2.2.6 Administrative Assistant

Medical Insurance Billing/ Clinic Operations

The Administrative Assistant is responsible for:

- Billing insurance, including Medi-cal, Workman’s Compensation, and private companies. Insurance enrollment and outstanding accounts. Compiling a monthly report on new patients at the clinic who are using insurance billing services, to include number of patients and revenue collected.
- Managing Medisoft and expanding utilization of the software to satisfy the clinic’s needs. Computer entry for billing and daily computer reports.

2.2.7 Clinic Receptionist

RECEPTION

- Receive all incoming phone calls for the clinic. Transfer calls and take messages for clinic faculty.
- Greet patients at front desk and inform the Intern or Supervisor that the patient has arrived. Help new patients fill out forms; explain fee schedule and clinic procedures and policies. Create medical file for new patients, including ledger card and computer entry.
- After treatment, dispense any herbs prescribed, receive payment for visit, schedule follow-up appointments, and give the patient a reminder card. Make certain that the intake form is signed by both student and supervisor. Make certain the ICD-9 code is listed for Bio-medical diagnosis. Enter information onto ledger cards and into computer. Staple needle slip to back of intake form and file.
- The front desk requires two receptionists. One makes entries onto ledger cards and the other makes computer entries. All patient visits are logged by the first receptionist on the ledger card. This includes date, fees, amount paid, balance. Second receptionist enters the data from the ledger card into the computer. This procedure ensures checks and balances.

SCHEDULING

- Schedule appointments for patients. New patients are given double time slots. Assign new patients to interns unless the patient specifically requests a particular practitioner, or it is determined by the Dean that the patient’s condition would best be served by a particular practitioner.
- Call all patients scheduled for the next day to confirm appointments. At the end of the day pull out the next day’s medical files with the corresponding ledger cards. Place files in each Intern/ Supervisor’s in-box.

CLINIC BOOKKEEPING

- In the morning, copy the master schedule for the day and post for faculty and students. Inspect all treatment rooms and stock any needed supplies. Compare paper and computer records of monies received from previous day. Prepare and print “Practice Daysheet” report. One copy goes to the Controller; a second copy goes to the Dean of Clinical Education; a third copy goes to the HIV Program Director. Cash, checks, and deposit slip go to the Office Manager.
- At the end of the day, tally all monies received on the Deposit Registry.
- Medi-cal patients have a xerox copy of their card with ID number on their ledger card. All Medi-cal patients must have their card swiped to ascertain approval for the visit, before treatment. Under the supervision of the Dean, Medi-cal is billed monthly by the assistant to the Dean.
- Patients with insurance that will cover the visit may have their carrier or plan billed, or may request a superbill for reimbursement.
- Outstanding bills are reviewed quarterly. Three reminders are sent prior to referral to collection agency.
CLOSING PROCEDURES

- Run credit card tally daily.
- Lock money box.
- Lock files.

CLINIC RECORDS

- Reception is responsible for the organization and maintenance of the medical files. Files pulled by faculty or students for review must be signed out. They may not be xeroxed or leave the faculty room or student lounge. Files may never leave the building.
- Patients may request a copy of their medical records by filling out and signing the appropriate Release of Records form. A fifteen dollar duplication fee applies to this service.

2.2.8 Clinic and Pharmacy Supply Coordinator

Under the supervision of the Dean, the Coordinator is responsible for the following:

- Maintain clinic and pharmacy supplies. Monitor, assess, and order supplies as needed.
- Initiate purchase orders for needles, herbs, moxa and all other clinic supplies. Receive, with Clinic Dean or assistant, all shipments of supplies. Shelve and store all supplies. Grind or cut special herbs to size.

2.2.9 Student Liaison

A student liaison is appointed or approved by the Student Council. It is the responsibility of the student liaison to suggest means of improving student clinical education and training to the Dean of Clinical Education. The liaison should report regularly to the Student Council on his/her work, as well as receive input from the Council. The liaison may report to the Dean of Clinics regarding relevant matters of student concern.

2.3 Student Clinicians

It is suggested that the student:

- Organize patient chart notes. Xerox new patient forms, and fill them out at the same time the practitioner does with new patients. For return visits, review the chart and his/her own notes from any previous visits before seeing the patient. In your notes write down analysis of diagnosis, point and herb selection.

- Organize clinic notes by practitioner. Within that category keep all information on a particular patient together. In this way all the history is available during the interview. For this purpose, attached are four forms that may be used:

  Form A (patient history): To be used for continuing patient. Look at the chart before the shift and fill out Form A in order to learn more from the interview.

  Form B (follow-up visit): This is for each follow-up visit.

  Form C (analysis): Often students write down the intake, diagnosis, and treatment, but not the analysis of diagnosis and treatment. Write down analysis as explained by the practitioner and review it.
Form D (diagnostic tool): the boxes on this form help to organize the Eight Principles.

♦ Write down questions about diagnosis, points, herbs, ask them presently or at a later convenient time; and get answers.

♦ Plan the quarter. Put down in writing for supervisors specific learning goals for the quarter (e.g. Proportional measurement of points, moxa, Du20, Ren 22, back-shu, formulas, blood pressure, etc.). Assess them midway and at the end of the quarter.

♦ Be familiar with suggested readings for each student clinician status.

It is required that the student:

♦ Maintain strict patient confidentiality. (see section 3.3)

♦ Continually strive to improve point location skills, particularly proportional measurement of points.

♦ Maintain current CPR certification.

♦ Arrive on time for clinic shift. An open time slot is often filled at the last moment.

♦ Minimize congestion behind the reception desk.
SAMPLE FORM A

PATIENT HISTORY

CHART #______________ DATE OF PATIENT’S FIRST VISIT______________

TODAY’S DATE______________ GENDER______________ AGE_____

CC:

HPI:

TONGUE:

PULSE:

DIAGNOSIS:

POINTS:

HERBS:
SAMPLE FORM B

FOLLOW-UP VISIT

CHART #________________ PRACTITIONER______________________________

TODAY’S DATE:_______________ GENDER____________ AGE________

CC:

HPI:

ENERGY: APPETITE:

SLEEP: DIGESTION:

THIRST: BM/URINE:

EMOTIONS: LMP/MENSES:

TONGUE BODY:

TONGUE COAT:

________________ General quality cun guan chi

RIGHT PULSE:

LEFT PULSE:

DIAGNOSIS:

BIO-MEDICAL:

TREATMENT PRINCIPLE:
SAMPLE Form B, page 2

ACUPUNCTURE:

HERBS:

DIET:

LIFESTYLE:

OTHER:

FOLLOW-UP:
SAMPLE FORM C

ANALYSIS

CHART #______________  PRACTITIONER________________________________

DATE OF VISIT:_____________  GENDER ____________  AGE ________

DIAGNOSES

1.

2.

3.

SUPPORTING SYMPTOMS/SIGNS

LIST OF POINTS

WHY USED?
<table>
<thead>
<tr>
<th>LIST OF HERBS</th>
<th>HERB CATEGORY</th>
<th>NATURE</th>
<th>THERAPEUTIC USE</th>
</tr>
</thead>
</table>

OTHER:
The prerequisite for an accurate diagnosis is a COMPREHENSIVE history. This form will help you to organize the information according to the eight principles. Any symptom may go in more than one box. With the information organized below the syndromes should be clearer.

<table>
<thead>
<tr>
<th>EXTERIOR</th>
<th>INTERIOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXCESS</td>
<td>DEFICIENCY</td>
</tr>
<tr>
<td>HEAT</td>
<td>COLD</td>
</tr>
<tr>
<td>YIN</td>
<td>YANG</td>
</tr>
</tbody>
</table>

Diagnosis:
2.3.1 Student Conduct Within The Clinic

The ACTCM clinic is a professional medical facility certified by the California Department of Public Health Services. The health care service provided within dictates that students present a professional appearance and demeanor.

**DRESS:** A clean white lab coat and nametag is required for students at all times while in the clinic.

A. Minimum standards for men: dress slacks, dress shirt and clean shoes. No thongs, jeans, athletic shoes, t-shirts, worn-out shoes, Tai Chi attire, sweat suits, or political and advertising buttons. No cologne.

B. Minimum standards for women: professional appearing dresses, skirts, blouses, dress slacks, and clean shoes. No miniskirts, jeans, shorts, tank tops, thongs, athletic shoes, Tai Chi attire, sweat suits, or political and advertising buttons. No excessive make-up, long fingernails, and perfume.

C. Students who arrive at the clinic inappropriately attired will be asked to leave by their supervisor or the Dean of Clinical Education until appropriate adjustments are made.

D. Students gathering herb samples must adhere to the above standards.

**FOOD AND BEVERAGE:** Food and beverages are not permitted in any area of the clinic where patients may be found. Food and beverages may be prepared and consumed in the kitchen; snacks and beverages may be consumed in the student lounge. The following herbs are not for free tasting or snacking: gou qi zi, da zao, hong zao, suan zao ren, and long yan rou.
### 2.3.2 Required Clinical Hours for MSTCM students: Current Curriculum

**CLINICAL TRAINING FOR ACTCM STUDENTS**

<table>
<thead>
<tr>
<th>Clinic Theater (11 weeks)</th>
<th>Hours</th>
<th>Shifts</th>
<th>Credits</th>
<th>Case Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>578 Third Quarter</td>
<td>44 hrs</td>
<td>1 shift</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>579 Fourth Quarter</td>
<td>44 hrs</td>
<td>1 shift</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Clinic theater hrs</strong></td>
<td>88 hrs</td>
<td>2 shifts</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Observer II</th>
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</thead>
<tbody>
<tr>
<td>580 Fifth Quarter</td>
<td>44 hrs</td>
<td>1 shift</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Comprehensive Exam</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>581 Sixth Quarter</td>
<td>44 hrs</td>
<td>1 shift</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Observer hrs</strong></td>
<td>88 hrs</td>
<td>2 shifts</td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Trainee I</th>
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<tbody>
<tr>
<td>582/3 Seventh Quarter</td>
<td>88 hrs</td>
<td>2 shifts</td>
<td>4</td>
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</table>

<table>
<thead>
<tr>
<th>Trainee II</th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>584/5 Eighth Quarter</td>
<td>88 hrs</td>
<td>2 shifts</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainee III</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>588/9 Ninth Quarter</td>
<td>88 hrs</td>
<td>2 shifts</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Trainee hrs</strong></td>
<td>264 hrs</td>
<td>6 shifts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Comprehensive Exam        |        |        |         |            |

<table>
<thead>
<tr>
<th>Intern (12 week quarter)</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>686/7 Tenth Quarter</td>
<td>96 hrs</td>
<td>2 shifts</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>688/9 Eleventh Quarter</td>
<td>96 hrs</td>
<td>2 shifts</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>691/2/3 Twelfth Quarter</td>
<td>144 hrs</td>
<td>3 shifts</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>694/5/6 Thirteenth Quarter</td>
<td>144 hrs</td>
<td>3 shifts</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Intern hrs</strong></td>
<td>480 hrs</td>
<td>10 shifts</td>
<td></td>
<td>12</td>
</tr>
</tbody>
</table>

**Total Clinical Education** 920 hrs
2.3.3  Clinic Theater (88 hours)

New Clinic Curriculum—Fall 2004

Clinic Theater

CLINICAL TRAINING OBJECTIVES:

1. General Clinic Expectations:
   Know how to prepare treatment room for use:
   (including: spraying tables, check buzzer, furnish room with supplies,
   check for needles on the floor).
   Know how to complete a needle slip.
   Know procedures for removing charts from reception area for case study.
   Understand Front Desk Operations.
   Understand patient fee structure.

   Become familiar with clinic supplies:
   (including needles, cups, moxa, hemostats, electro-stimulator, etc)
   Know the location of: first aid kit, emergency exit, moxa boxes, dirty cup
   trays, clean sheets, dirty sheet hamper, extra forms, heat lamps,
   biomedical code book, air filter, OSHA equipment and extra supplies.

   Attitude, appearance and personal hygiene.
   Punctuality, attendance and time management.

2. Ability to fill herbal prescriptions:
   Know how to use herbal scales and assist in filling formulas and prescription
   Become familiar with patent medicine area, powders,
   and herb and supply cabinets.
   Know how to complete an herbal prescription and sales slip.
   Herb identification and recognition.

3. Ability to maintain treatment room:
   Know how to establish a clean field
   Understand clean needle technique and universal precautions

4. Observation of Patient Contact and Diagnosis:
   Observation of the completion of case management forms.
   Observation of charting.
   Observation of new patient interviews.
   Observation of return patient interviews.
   Observation of tongue diagnosis.
   Observation pulse diagnosis.
   Observation of facial diagnosis.
   Observation of diagnosis, etiology, TCM theory and treatment principle.
   Observation of acupuncture treatment.
   Observation of adjunct modalities including cupping, Tui-Na, moxa and
   electro-stimulation.
   The student should demonstrate an appropriate level of inquiry outside of
   the treatment room with supervisors and peers.
CLINICAL TRAINING OBJECTIVES:

1. Assist Practitioner with Patient Care:
   - Attention to breathing and posture.
   - Observe needle insertion technique (with and without the guide tube) and cleaning of patient's skin with alcohol prior to needling.
   - Begin practicing physical exams including use of the otoscope.
   - Electric stimulation, and Tui-na massage.

2. Assist Practitioner with Charting:
   - Legibility of chart documentation.
   - Make sure charts are complete (correct signatures and information).
   - Use appropriate medical terminology including correct abbreviations.
   - Describe basic qualities of the tongue and pulse.
   - Complete case management, new patient and follow-up forms.
   - Identify Ryan White patients.
   - Become familiar with blood pressure and western pulse reading.
   - Work with instructor to make: Differential Diagnosis, Pulse Diagnosis, Tongue Diagnosis, Point Selection and Understand single herbs.

3. Herbs:
   - Be able to identify individual herbs.
   - Help with formula preparation.

4. General:
   - Ability to understand patient history
   - Communication skills with patients, students and staff.
   - Punctuality, attendance, time management.
   - Attitude, appearance and personal hygiene.
   - Observer's competence to progress to the next level.

Trainee I (88 hours)
Gather correct signatures and information and use ICD 9 codes.
Use appropriate medical terminology including correct abbreviations.
Complete case management.
New patient and follow-up forms.
Participate in the interview process.
Be able to ask difficult questions.
Memorize the ten questions
Be able to take blood pressure, temperature, listen to breath sounds.
Perform physical exam.
Begin to make and understand the following with the practitioner’s assistance:
  differential diagnosis, pulse diagnosis, tongue diagnosis, formulate
  appropriate course of treatment, suggest acupuncture points, and single
  herbs.
Correctly choose and locate all points.
Begin to exercise needling techniques and manipulations
  (including tonification, sedation, even technique and pricking.)

2. Herbs:
Identify herbs correctly and independently.
Prepare herbal formulas and become familiar with their function.

3. General:
  Ability to understand patient history
  Communication skills with patients, students and staff.
  Punctuality, attendance, time management.
  Attitude, appearance and personal hygiene.
Observer's competence to progress to the next level.

TRAINEE II/III (88 hours)

CLINICAL TRAINING OBJECTIVES:
1. Assist Practitioner with patient care:
   Ability to independently access the patient in the presence of the supervisor.
   Develop a healing relationship with patients; work on retaining them as clients.
   Independently (in the presence of the supervisor): Complete the chart
   Fluent in asking difficult questions, diagnose, prescribe treatment
   (points, formulas, herbs, massage, cupping, etc.)
   Begin to make suggestions on diet, exercise and lifestyle changes,
   choose adjunctive therapies
   Demonstrate sensitivity to lifestyles, diversity and diseases
   Know emergency protocols: fainting, LOC, needle stick, 911 etc.
   Perform physical exam.
2. Herbs
Identify herbs.
Prepare formulas.
Suggest formulas appropriate to diagnoses.

3. General:
Ability to understand patient history
Communication skills with patients, students and staff.
Punctuality, attendance, time management.
Attitude, appearance and personal hygiene.
Observer’s competence to progress to the next level.

Paired Intern

Paired Intern

CLINICAL TRAINING OBJECTIVES:
1. Interns should be completely competent at:
   Etiology
   Diagnosis
   Treatment
   Formulas
   Point prescriptions
   Documentation: treatment, charting, coding, case management etc.

2. Before initiating any treatment, discuss the case clearly with supervisor in detail
   Interns must be able to clearly explain treatment plan to the patient.
   Be able to spot medical red flags and know when and how to refer appropriately
   Marketing skills including: soliciting new patients, booking patients,
   retain patients, greet & say goodbye to patients.
   Efficient time management is important
   (generally 15-30 minutes for interview 30-45 minutes for treatment).
   Students are required to request supervisor observe their needling.
   Demonstrate knowledge of complete physical exam including orthopedic exam.

3. Herbs
   Identify herbs
   Prepare formulas
   Suggest formulas to supervisors
   Suggest modifications to formulas
4. **General:**
   - Ability to understand patient history
   - Communication skills with patients, students and staff.
   - Punctuality, attendance, time management.
   - Attitude, appearance and personal hygiene.
   - Observer's competence to progress to the next level.

**Intern**

Clinic Intern

**CLINICAL TRAINING OBJECTIVES:**

1. Interns should be completely competent at:
   - Etiology
   - Diagnosis
   - Treatment
   - Formulas
     - Point prescriptions
     - Documentation: treatment, charting, coding, case management etc.

2. **Before initiating any treatment, discuss the case clearly with supervisor in detail**
   Interns must be able to clearly explain treatment plan to the patient.
   Be able to spot medical red flags and know when and how to refer appropriately
   - Marketing skills including: soliciting new patients, booking patients, retain patients, greet & say goodbye to patients.
   - Efficient time management is important
     - (generally 15-30 minutes for interview 30-45 minutes for treatment).
   - Students are required to request supervisor observe their needling.
   - Demonstrate knowledge of complete physical exam including orthopedic exam.

3. **Herbs**
   - Identify herbs
   - Prepare formulas
   - Suggest formulas to supervisors
   - Suggest modifications to formulas

4. **General:**
   - Ability to understand patient history
   - Communication skills with patients, students and staff.
   - Punctuality, attendance, time management.
   - Attitude, appearance and personal hygiene.
Listing your name is **optional**. Please indicate your clinic level.

Faculty Name:__________________________________ Qtr./yr.:________________________________

Name and/or Clinic Level:___________________________

Training skills including: patient history
Training skills: pulse, tongue and facial diagnosis
Training skills: TCM etiology, diagnosis and treatment principle.
Training skills: point selection and location
Training skills: herbal prescriptions
Training skills: adjunct therapies including cupping, moxa, tui na and electro-stimulatio.

Faculty's availability during shift.
Inbetween cases the supervisor discusses cases or imparts educational discussions or practical study.

Communication skills with patients, students and staff.
Attitude, appearance and personal hygiene.
Skills in safety, sterilization and emergency procedures.
Punctuality, attendance and time management.

GENERAL COMMENTS

FACULTY'S STRENGTHS

SUGGESTED AREA(S) FOR IMPROVEMENT

Observer's competence to progress to the next level.
CLINICAL TRAINING OBJECTIVES- MSTCM Students
See Clinic Objectives Self-evaluation

2.3.4 Clinic Observational
The Clinic Theater is the student’s first quarter in a clinic setting during which the student observes and is introduced to the routines, policies and procedures of the clinic. The experience will include observation of reception and interview of patients, pulse palpation, tongue and face inspection, diagnosis and treatment, methods of locating of points including proportional measurement, charting, aseptic procedures and herbal dispensing.

The student is encouraged to participate in greeting patients, and to assist in facilitating smooth functioning of the clinic by maintaining the treatment room before and after the patient’s visit. During the visit, the student does not participate directly in the intake or treatment of the patient: this includes asking any questions in the intake room, placement or removal of needles, and application of moxibustion or electric stimulation. Questions about the treatment approach, diagnosis, or intake process should be reserved for the practitioner or advanced students outside the presence of the patient.

The objectives for the Observer are:
1. Introduction to the functioning of the clinic.
2. Observation of patient intake
3. Ability to maintain treatment room.
4. Observation of communication, positioning, needling, process, patient care.

In the following quarter the student continues to absorb didactic knowledge. The student is now able to integrate his/her clinical experience into a foundation upon which training and patient care can be applied. The student observes patient’s intake as well as patient’s tongue and pulse. The student must continue to observe the locating of points, particularly through proportional measurement.

The objectives for the Clinic theatre Observer are:
1. Observation of tongue and pulse qualities.
2. Ability to chart a patient interview.

Each shift the student must keep track of:
1. Clinic Hours and have their supervisor sign their clinic hour form
2. Patient contacts on the Patient Contact form
3. Patient Chart Notes

In the ninth week of the quarter students must submit to their supervisor, the above plus:
1. Self-Evaluation
2. Evaluation of student by supervisor.
3. Evaluation of supervisor by student.
4. Case Review of a patient that the student has been following in the clinic.
(see forms)

Suggested reading:


“The Writing of the Patient History”, Huang Zhen Qiao, JACTCM 1983 No. 4, pp. 74-81

2.3.5 Trainee I
At this level the student begins to develop skills with direct patient contact, including asking questions and administering treatment. Through observation the student continues to develop point location skills (particularly proportional measurement), history taking skills, pulse palpation, and tongue and face inspection.

The student begins to participate as an assistant to the practitioner. The practitioner is completely responsible for the interaction with the patient. The student’s participation in the process should foster the patient’s trust and confidence in the practitioner. During the interview, when the practitioner is finished questioning the patient, the student may ask the patient additional relevant questions or ask questions of the practitioner in order to clarify the practitioner’s assessment. The student will also begin participation in patient treatment, including needling, massage, electric stimulation, cupping and moxa. Any treatment the patient receives must be under the direct supervision of the practitioner. The student should always request that the practitioner observe the student’s point locations.

Over the course of the two quarters there will be increasing expectations of the student’s participation in the clinic. Students should be ready to respond during the patient interview with descriptions of pulse and tongue qualities and recommendations of acupuncture points and herbal prescriptions. The student should focus on developing an understanding of the rationale underlying the final diagnosis and selection of acupuncture points and herbs.

The objectives of the Trainee student are the ability to:
1. Establish a clean field and employ proper clean needle technique.
2. Safely and correctly apply acupuncture, massage, electric stimulation, cupping and moxa.
3. Locate all points accurately.
4. Correctly describe the basic qualities of tongue and pulse in patients.

The same package of forms as discussed above, is due in the ninth week of each quarter. The case study should contain more analysis and overview.

Suggested reading:
Pulse Diagnosis, Li Shi Zhen
Tongue Diagnosis in Chinese Medicine, Giovanni Maciocia

2.3.6 Trainee II

During this quarter, the student continues to develop and refine the skills practiced in the two previous quarters. Under the direct supervision of the practitioner, independent thinking is fostered. The student’s practice includes intake and interview, diagnosis and formulation of treatment plan, choice of points and herbs, accurate location of points (particularly proportional measurement) through observation by supervisor.

The objectives of this Trainee are the ability to:
1. Conduct intake and interview of patients.
2. Make a diagnosis.
3. Correctly prescribe acupuncture points and herbs.
4. Correctly locate all points.

2.3.7 Trainee III

During this quarter the student assumes as much responsibility as possible, at the discretion of the practitioner. With the practitioner present throughout the process, the student is responsible for the intake/interview, diagnosis, treatment plan, selection of and location of points, and herbal prescriptions.

The objective of Trainee II is the ability to:
1. Independently assess the patient; interview, diagnose, and prescribe treatment under the direct supervision of the practitioner.
2. Accurately locate points, particularly by proportional measurement method (where appropriate), as assessed by the practitioner.
3. Educate patient about their health care
4. Advise patient to have follow up appointment

2.3.8 Paired Clinic Intern

The student, in a paired team, is responsible for greeting the patient, explaining his or her role, taking a history, performing appropriate vital signs and physical exam, developing a diagnosis, proposing a prescription of acupoints and herbs (and/or other therapies), accurately locating points, performing the treatment, and filling out the herbal formula. Before initiating any treatment the student must summon the supervising practitioner to examine the patient’s tongue, pulse, etc., and review the diagnosis and treatment plan.

Students are required to request their supervisor to observe the student’s point location and needling technique at appropriate times.

The objective of the Paired Intern is the ability to:
1. Conduct intake and interview of patients.
2. Make a diagnosis.
3. Correctly prescribe acupuncture points and herbs.
4. Correctly locate all points.
5. Communicate Diagnosis and prognosis with patient
6. Help to educate patient about their health care
7. Advise patient to make follow up appointment
8. Function as the attending clinician under the close supervision of the faculty supervisor.

2.3.9 Clinic Intern

During these quarters the student assumes the role of a supervised primary care provider for patients in the clinic. The student is responsible for greeting the patient, explaining his or her role, taking a history, performing appropriate vital signs and physical exam, developing a diagnosis, proposing a treatment plan and prescription of points, herbs and/or other therapies, correctly locating points, performing treatment and filling herbal formulas. All diagnoses and prescriptions must be reviewed and approved by the supervising practitioner before treatment of the patient is performed. The intern is required to receive the supervisor’s direct confirmation of the pulse and tongue assessment.

The student intern is required to spend twelve hours per week seeing patients at the clinic. The intern must relate to the clinic as a job, arriving on time and not planning to leave early. Failing to act responsibly and professionally, may result in the loss of clinic privileges.

The objective of the clinic intern is the ability to:
Attend to every aspect of the patient visit, including interview, diagnosis, needling, prescription, and case management.

2.3.10 Case Study

The Case Study or Case Review must be based on the chart of a patient who has been seen by the student during the current quarter and who has visited the ACTCM Community Clinic a minimum of two times. All case studies must contain the following:

1. All cases must be typed and neatly presented.
2. The case study must use the required cover page (Case Review form).

3. The case study must include patient information (i.e. gender, age, health history, etc.)

4. The patient history should include chief complaint, symptoms and signs, tongue, pulse, facial observation, any previous treatment received and result, etc.

5. Diagnosis

6. Treatment Principles

7. Treatment: acupuncture, herbs, tui na, nutritional advice, etc.

8. Detailed Analysis: this is a presentation of the rationale or the conceptual basis for a chosen diagnosis, suggestions concerning other possible diagnoses, discussion of the acupoints selected and other points that might have been appropriate, discussion of the herbs selected, and the patient response to treatment.

9. Results, recommendations, patient education, further treatment.

As a reference, past student case studies are archived in the library.

2.3.11 DAOM Students

2.3.8 and 2.3.9 apply to doctoral students.
The following forms comprise the clinic packet which must be turned into the student’s supervisor during the ninth week of the quarter:

**ACTCM CLINIC SAMPLE CREDIT FORM**

This form must be filled in completely in order to receive credit for clinic. Please print! Submit with your completed package to your clinic supervisor by the last day of the quarter. Give case studies to supervisor during the 9th week of the quarter.

| Student Name: __________________________ | SS#: __________________________ |
| Faculty Supervisor: ____________________ |

**STUDENT CLINICAL LEVEL (Check one)**

| Observer I & II ___ | 578 | 579 | 580 | 581 |
| Trainee I ___ | 582 | 583 |
| Trainee II ___ | 584 | 585 |
| Intern ___ | 686 687 688 689 691 692 693 694 695 696 |

**COURSE # (Circle one)**

| 577   578   579   580   581 |
| 582   583 |

**Quarter (Circle one):** WINTER  SPRING  SUMMER  FALL  Year: ____________

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**ALL MATERIAL MUST BE REVIEWED WITH THE STUDENT**

(To be completed by the Supervisor)

<table>
<thead>
<tr>
<th>Clinic Evaluations</th>
<th>Received</th>
<th>Pass</th>
<th>Fail</th>
<th>Initials</th>
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<tr>
<td>Case Review</td>
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<td>Case Study (Interns Only)</td>
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<td>Clinic Hours</td>
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<td>Clinic Notes Reviewed</td>
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<tr>
<td>Patient Contact Record</td>
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</table>

Number of Patients: __________________________  Number of Patient Contacts: ______

Number of Clinic Hours Completed: ______

(CT 577-585 no less than 44 hours; CT 686-696 no less than 48 hours)

Circle One: PASS  FAIL

Faculty Signature: __________________________  Date: ____________

The case reviews, Case Studies, Clinic Hours, Clinic Evaluations, and Patient Contact Forms must accompany this form. If the student has not completed the Case Studies or Case Reviews, the student must file an Incomplete Form. If an Incomplete Form is not filed, the student will receive a NO PASS for the clinic, regardless of whether or not the shift supervisor receives the rest of the packet.
ACTCM SAMPLE CLINICAL TIMESHEET

STUDENT NAME:_____________________
SS#:_____________________
QUARTER:__________ YEAR:_________ CLINIC LEVEL:_________

<table>
<thead>
<tr>
<th>DATE</th>
<th>PRACTITIONER NAME</th>
<th>SCHEDULED TIME</th>
<th>CLINIC HOURS</th>
<th>PRACTITIONER SIGNATURE</th>
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TOTAL HOURS: ___________

***TURN IN YOUR CLINIC HOURS AT THE END OF EACH QUARTER***
A PRACTITIONER MUST SIGN HIS/HER NAME AT THE END OF EACH SHIFT.
# ACTCM Quarterly Sample Patient Contact Record

**Student's Name:**

**Year**  **Quarter**  **Clinic Level**

**Course Number:**

<table>
<thead>
<tr>
<th>PATIENT INFORMATION</th>
<th>ACTIVITY</th>
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<tbody>
<tr>
<td><strong>Date</strong></td>
<td><strong>Patient #</strong></td>
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**Faculty Signature**  **Date**

*Return form with your clinic hours at end of Quarter*

*Keep a copy for your personal records (this is a useful reference for your future study guide)*

*This form is required by NASCOAM & NCCA*
ACTCM CLINICAL SAMPLE SELF OBSERVATION EVALUATION

OBSERVER'S NAME: ________________________ QUARTER: ____________

FACULTY NAME: ________________________

Please circle the numerical grade that reflects the performance of the student clinician for each of the following criteria: 5 Excellent  4 Good  3 Average  2 Needs Improvement  1 Poor

1. Ability to understand patient history  5 4 3 2 1
2. Ability to understand pulse, tongue and facial diagnosis  5 4 3 2 1
3. Ability to understand TCM etiology, diagnosis and treatment principle  5 4 3 2 1
4. Ability to confirm point selection/location  5 4 3 2 1
5. Ability to understand prescriptions  5 4 3 2 1
6. Skill in understanding adjunct therapies including cupping, moxa, massage, electro-stim  5 4 3 2 1
7. Communication skills with patients/students/staff  5 4 3 2 1
8. Attitude, appearance, personal hygiene  5 4 3 2 1
9. Skills in safety, sterilization, emergency procedures  5 4 3 2 1
10. Punctuality, attendance, time management  5 4 3 2 1
11. Charting ability, quality, and acceptable standard of completion  5 4 3 2 1
12. Observer's competence to progress to the next level of clinical training  5 4 3 2 1

GENERAL COMMENTS

FACULTY'S STRENGTHS

SUGGESTED AREA(S) FOR IMPROVEMENT
**ACTCM CLINICAL SAMPLE OBSERVATION EVALUATION**  
(To be completed by Clinical Faculty)

**OBSERVER'S NAME:** ___________________________  **QUARTER.** ______________

**FACULTY NAME:** ____________________________

Please circle the numerical grade that reflects the performance of your student clinician for each of the following criteria: 5 Excellent  4 Good  3 Average  2 Needs Improvement  1 Poor

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<th>Ability to understand patient history</th>
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<tr>
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<td>Ability to understand pulse, tongue and facial diagnosis</td>
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<td>4</td>
<td>3</td>
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<td>1</td>
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<tr>
<td></td>
<td>Ability to understand TCM etiology, diagnosis and treatment principle</td>
<td>5</td>
<td>4</td>
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<td></td>
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<td></td>
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<td>Observer’s competence to progress to the next level of clinical training</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</table>

**GENERAL COMMENTS**

**STUDENT’S STRENGTHS**

**SUGGESTED AREA(S) FOR IMPROVEMENT**

Pass ___________  Fail ___________

Date of Faculty Student Conference to discuss supervisory and self evaluation__________

Signature of Clinical Faculty____________________________________

Signature of Student Clinician___________________________________
USE THIS AS THE FRONT PAGE OF YOUR CASE REVIEW

SAMPLE CASE REVIEW: OBSERVER I & II

Student Name: ______________________       Term: ______________

Clinic Course Level (circle one):          CT578       CT579       CT580       CT581
Case Number: __________

Attending Clinical Faculty: ______________________

CASE REVIEW DESCRIPTION

The case review must be based upon the chart of a patient who has been seen by the student during the current quarter and who has visited the ACTCM Community Clinic a minimum of two times. All case studies must contain the following:

1. All cases must be typed and neatly presented.
2. The case study must use this page, completed correctly, as a cover page.
3. The case study must include patient information (i.e., sex, age, health history, and any other pertinent information.)
4. Patient History:
What brought the patient to the clinic? Indicate current signs and symptoms, tongue, pulse, facial observation, any previous treatment received and its result, as well as any other pertinent information.
5. Diagnosis
6. Treatment Principles
7. Treatment: herbs, acupuncture, Tui Na, nutritional advice…
8. Detailed Analysis:
This is a presentation of the rationale or the conceptual basis for a chosen diagnosis, suggestions concerning other possible diagnoses, discussion of the acupoints selected and other points that might have been appropriate, discussion of the herbs selected and the patient response to treatment.
9. Results, recommendations, further treatment

COMMENTS:

Circle One:      PASS       NO PASS

SIGNATURE OF CLINICAL FACULTY:___________________________________________________
ACTCM CLINICAL SAMPLE FACULTY EVALUATION

Listing your name is optional. If you do not list your name, please circle your level of clinic.

FACULTY NAME______________________ QUARTER________________________

OBSERVER'S NAME:______________

TRAINEE'S NAME:_____________

INTERN'S NAME:_________________

Please circle the numerical grade that reflects the performance of your clinic supervisor for each of the following criteria: 5 Excellent 4 Average 3 Average 2 Needs Improvement 1 Poor

1. Training skills re: patient history 5 4 3 2 1
2. Training skills re: pulse, tongue and facial diagnosis 5 4 3 2 1
3. Training skills re: TCM etiology, diagnosis and treatment principle 5 4 3 2 1
4. Training skills re: point selection/location 5 4 3 2 1
5. Training skills re: herbal prescriptions 5 4 3 2 1
6. Training skills re: adjunct therapies including cupping, moxa, massage, electro-stim 5 4 3 2 1
7. Faculty's availability during the shift 5 4 3 2 1
8. In-between cases, faculty member discusses cases or imparts educational discussions/practical study 5 4 3 2 1
9. Communication skills with patients, students, staff 5 4 3 2 1
10. Attitude, appearance, personal hygiene 5 4 3 2 1
11. Skills in safety, sterilization, emergency procedures 5 4 3 2 1
12. Punctuality, attendance, time management 5 4 3 2 1

GENERAL COMMENTS

FACULTY'S STRENGTHS

SUGGESTED AREA(S) FOR IMPROVEMENT
2.3.13 Case Management

INTRODUCTION

After an adequate diagnostic process has been completed, the clinician and patient face the most challenging part of the medical process: clinical management.

If the patient has a transient, self-limited, or readily curable acute condition, health may be restored quite quickly. Therapies and course of treatment are discussed and agreed upon with the patient. Although evaluation of therapy occurs each visit, a general timeframe for a re-evaluation should be agreed upon.

Appropriate treatment for chronic illness is much more difficult, and the patient may not be quickly restored to health.

A condition is considered acute if it lasts for less than two months, and if, after it has been cured or resolves on its own, the patient sustains no ill effects. A condition is considered chronic if it lasts for more than six months.

Some patients come to clinic for health maintenance, prevention, or for a “tune-up”. Assessment may uncover any problems that exist. As with any patient, a diagnosis is made and goals of treatment are established.

Harmony of mind, body, and spirit is the essence of health. TCM treats the imbalances that are perceived through looking, listening/smelling, asking, and touching. Treatment may undergo phases, such as getting the “branch” symptoms under control, and then addressing underlying “root” imbalance.

The TCM practitioner looks at the chief complaint and interprets its relationships to the rest of the person in order to understand that individual’s pattern of imbalance. Treatment then attempts to restore harmony to the patient and thereby alleviates the symptom. The extent, to which a person is able to or ready to commit to treatment for deeper levels of imbalance, and make changes in diet, exercise, and lifestyle, will vary from patient to patient.

CHRONIC ILLNESS

Although the prevalence of chronic disease clearly increases as people age, chronic disease also affects the young. Certain types of renal failure, cystic fibrosis, Crohn’s disease, asthma, and anorexia nervosa are all fairly common chronic diseases that usually present during childhood or in the teenage years. Certain chronic illnesses can run in families, such as heart disease, diabetes mellitus, and breast cancer. Others have environmental factors that increase their prevalence such as cigarette smoking, which increases the prevalence of chronic obstructive pulmonary disease, arteriosclerotic heart disease, and peptic ulcer disease.

Chronic illnesses can develop either acutely or gradually. Strokes have sudden onset whereas rheumatoid arthritis develops slowly. Acute-onset illness will require much more readjustment on the part of the patient.

Chronic illness may be progressive, constant, or relapsing. Progressive is symptomatic, increasing in severity (cancer, arthritis, diabetes). Constant usually has stabilization after an initial event (stroke, spinal cord injury). Relapsing illness is characterized by occasional or frequent recurrence of symptoms (asthma, peptic ulcer, migraine headaches).
Some chronic diseases may possibly be fatal, including cancer, HIV/AIDS, cystic fibrosis, heart disease, diabetes mellitus, and COPD. These should be treated and followed by an MD as well as a TCM practitioner.

Patients with chronic illness may go through the phases of denial, anger, bargaining, depression, and acceptance as they adapt. Family members and loved ones may also experience phases. The clinician must consider the emotional well-being and support network of the patient.

SYSTEMS ASSESSMENT

Systems assessment is that phase of the clinical management process in which the clinician determines the current illness status and what events have taken place since the last patient visit. How have the measurable symptoms changed? How do the symptoms impair the daily activity of the patient? How do the symptoms affect the emotional state of the patient? The clinician must assess improvement or deterioration of the patient’s condition. Is the change the same as what the clinician expected? Is the diagnosis correct? Are there other factors that have changed? Are there complications? Is the patient compliant with herbs, diet, exercise, lifestyle changes, stress management, etc.? The clinician must spend time with the patient to insure that both agree as to the nature of the problem. If there are multiple problems, agree on treatment priorities to optimize the patient’s health.

GOAL SETTING

Ask the patient what his/her treatment goals are. Discuss these. Be flexible and creative as possible to maximize patient care, but not so flexible so as to violate your sense of ethics or medical values. Always identify the needs and desires of the patient. Never promise to “cure” anything. Never coerce the patient into a therapy the patient states he/she does not want.

An understanding or contract should be formed explicitly stating the responsibilities of the clinician and the responsibilities of the patient. Acknowledge and respect the perceptions and emotions of the patient. Consider what is realistic to expect from the patient and always explain what your goals are and specifically how you plan to accomplish them.

PATIENT COMPLIANCE

To minimize misunderstandings and maximize patient motivation, always discuss the diagnosis in lay terms and what the treatment is designed to accomplish.

Instructions should be given based on the following:

- Instructions delivered first are best remembered.
- Instructions mentioned two or three times are best recalled.
- The fewer instructions that are given, the more are remembered.
- Complex instructions should be written or the patient should be asked to relay their understanding.

Compliance increases if the patient is satisfied with his/her visit and decreases if the visit is perceived as impersonal or rushed. Clear and direct communication increases compliance whereas a power struggle between patient and clinician decreases compliance. Ask the patient his/her opinion about the success or results of their treatment plan.

MANAGEMENT FAILURE

If difficulties continue, clinicians should obtain a consultation from colleagues and supervisors.
If disagreements cannot be resolved and the doctor-patient relationship is harmed beyond repair, transfer of care may be considered. This should never be considered lightly and a strict process should be followed to ensure the patient receives quality care from another clinician.

**REFERRAL**

Any female patient presenting with low abdominal pain should be asked about the possibility of pregnancy, the date of her last menstrual period (LMP), and the date of her most recent pelvic/GYN exam. The results should be requested and admitted into the chart. If there is no recent exam, the patient should be referred for an exam and the results forwarded for admission into the chart.

Patients presenting with symptoms (subjective criteria) of potentially life-threatening diseases should also be assessed by an MD. Following are some examples:

**Asthma:** frequent shortness of breath episodes, dyspnea, airway swelling.

**Congestive Heart Failure:** shortness of breath, orthopnea, ankle swelling, dyspnea.

**Diabetes Mellitus:** fatigue, polyuria, polydypsia, polyphagia.

**Ischemic Heart:** episodes of chest pain.

**Tumors:** Remember the pneumonic, CAUTION:
- Change in bowel and/or bladder habits; unexplained weight loss.
- A lesion that doesn’t heal.
- Unusual bleeding or discharge.
- Thickening, lesion, or lump in breast or elsewhere.
- Indigestion or difficulty swallowing.
- Obvious change in a wart or mole.
- Nagging cough or hoarseness.

Suggested reading: Principles of Clinical Practice
Edited by Mark B. Mengel, M.D., M.P.H.

See Appendix for list of referrals.

**2.3.14 Off-Site Clinics**

Clinic experience as a Trainee or Intern in a variety of off-site integrated medical clinics include:

- Substance abuse treatment employing National Acupuncture Detoxification Association protocol.
- Care of people with HIV in a public health clinic.
- Integrated Western and Traditional Chinese medical care of individuals with chronic pain and/or other sub-specialties.

Clinic Externship may include a maximum of 20% of total clinic hours.

See Chapter 4.0 for further details on Externships and Community Acupuncture Programs.

**2.3.15 Post-Graduate Fellowship**

Time commitment is minimum of 4-8 hours per week. The post-graduate credits are posted in the transcript. For every clinic shift of 4 hours, the post-graduate student selects, in conjunction with the
Clinic Dean, a clinic project of equal hours, which benefits clinical training, patient care, or patient/public education.

2.3.16 Private Practice: Tui Na, Shiatsu, Acupuncture

All ACTCM students and faculty, who are given priority, and private practice practitioners who are licensed acupuncturists or certified massage therapists may practice massage in the clinic. Each practitioner is allowed a maximum of 2 shifts per quarter. These are filled on a first come first served basis. If additional shifts become available the clinic manager will fill them on a first come first served basis. Shift priority is based on seniority. Each shift is 4 hours.

Each private practice practitioner will need to sign an 11-week quarterly contract and go through HIPAA training.

2.3.17 Procedure for Notification of Clinic Absence and Complete Missed Clinic Hours

Observers and Trainees:

• Must submit Student Clinic Leave Request Form to Dean of Clinical Education or Administrative Assistant two weeks prior to absence from shift. The form must be signed by the student’s supervisor.

• Must see Administrative Assistant to be re-scheduled on another available shift to complete missed clinic hours.

Interns:

• Must submit Student Clinic Leave Request Form to Dean of Clinical Education or Administrative Assistant two weeks prior to absence from shift. The form must be signed by the intern’s supervisor.

• Should try to find another intern to cover the missed shift. The intern must have reception note the change on the schedule, and must still submit the Leave Request Form.

• If another intern cannot be found to cover the shift, the intern will list the available shift on the “Intern Shift Drop List”, located on the door to the reception desk area. Interns needing to make up hours can sign this list for specific available shifts.

• Interns in doctoral program must meet with Assistant to DAOM Dean.
SAMPLE FORM

ACTCM STUDENT CLINIC LEAVE REQUEST

NAME:__________________________________   DATE:__________________
CLINIC LEVEL:___________________________   QUARTER:______________

REGULARLY SCHEDULED CLINIC TIME:______________________________
REQUESTED MAKE-UP TIME:_____________________________________
REASON FOR REQUEST:___________________________________________
_________________________________________________________________
_________________________________________________________________

( ) Mandatory two week notice
( ) First request this quarter
( ) Second request this quarter
( ) More than two requests – Reason: ________________________________

SUPERVISOR’S SIGNATURE: _________________________________________

APPROVED BY CLINIC DEAN OR ADMINISTRATIVE ASSISTANT:

_____ COPY TO FILE
_____ COPY TO STUDENT

_______________________________________________________________
2.4 COMMITTEES

2.4.1 Quality Assurance Committee

RESPONSIBILITIES

- Conducts quality assurance and risk management programs of the Clinic.
- Reviews and maintains standards for diagnosis and treatment, charting and clinical training.
- Monitors, enforces, and trains staff in OSHA regulations.

FUNCTIONS

- Dean of Clinical Education chairs the QA Committee and appoints other members.
- The QA Committee meets at least once per quarter.
- Chart review is a principal activity of the committee. The Chair selects charts representative of the clinicians practicing in the clinic, including supervisors and interns. When appropriate, chart review may focus on individual clinicians or subsets of clinicians. Members shall perform a review of each chart and report their findings to the chair. The Chart Review Evaluation Form is used. Statistics are compiled and training sessions administered to continually improve students’ charting skills.

INDICES OF QUALITY ASSURANCE

According to Traditional Chinese Medicine the following indices must be considered when developing a diagnosis and determining an appropriate treatment.

A. The Four Diagnostic Methods

1. Inspection
   a. Observation of the patient’s expression.
   b. Observation of color: facial as well as excretions and discharges.
   c. Observation of appearance, mood and movement.
   d. Observation of the tongue.

2. Auscultation and Olfaction
   a. Listening to speech, respiration and other sounds which emanate from the patient.
   b. Smelling the breath of the patient as well as excretions and discharges.

3. Inquiry of the patient for symptoms
   a. Chief Complaint and History of Present Illness
   b. Onset, palliative/provocative, quality, region, severity, time (OPQRST).
   c. Hot, cold.
   d. Perspiration
   e. Appetite, thirst, diet, digestion, urination, defecation.
   f. Sleep.
   g. Energy.
   h. Emotions, stress, lifestyle.
   i. Female patients: menstrual cycle, OB-GYN history.

4. Palpation
   a. Feeling the pulse.
   b. Palpation of channels and points.
   c. Palpation of abdomen when appropriate.

B. The Eight Principles
1. Yin and Yang
2. Exterior and Interior.
3. Cold and Heat.
4. Deficiency and Excess.

C. Further Diagnostic Indices
   1. Qi, Blood, and Body Fluid diagnosis.
   2. Zang- Fu organ diagnosis.
   3. Channel/ Collateral diagnosis.
   4. Six Channel Pattern diagnosis.
   5. Four Level (Wei, Qi, Ying, Xue) diagnosis.
   6. Triple Burner (San Jiao) diagnosis.

Appropriate treatment may include the following:
   1. Acupuncture, electrical stimulation, moxabustion, cupping.
   2. Herbal medicine, dietary changes.
   3. Tui Na massage.
CHART REVIEW EVALUATION FORM

CHART NUMBER___________________________

Date ______________________________________

Name_______________________________________

Please evaluate the past five treatments for the following:

1. Chief complaint is clearly listed 5 4 3 2 1
2. Required signatures present for treatment 5 4 3 2 1
3. Herbs signature present for filling prescription and checked by supervisor 5 4 3 2 1
4. Diagnosis clearly stated 5 4 3 2 1
5. Treatment principle clearly stated 5 4 3 2 1
6. Diagnosis matches treatment principle 5 4 3 2 1
7. Tongue indicated 5 4 3 2 1
8. Pulse indicated 5 4 3 2 1
9. Room slip completed including points used, time of treatment, length of time, number of needles in and out, room 5 4 3 2 1
10. Case Management Form Completed and Current Yes No
11. Consent Form Signature signed by Supervisor Yes No
12. Comments

2.4.2 Student Peer Review Committee

PURPOSE
To resolve a dispute or problem in clinic between a student and another student, a patient, or a staff member, when the dispute or problem cannot be resolved by the involved parties.

For situations requiring immediate attention, the Clinic Supervisor or Dean of Clinical Education should address the student regarding inappropriate behavior or attire. If resolution is not immediately forthcoming, the Supervisor or Dean may ask the student to leave until resolution before the Student Peer Review Committee.

Initial complaints should first be voiced to the Supervisor. The student may appeal to the Dean of Clinical Education. The student, Supervisor, or Dean may request intervention by the Student Peer Review Committee.

STRUCTURE

The Student Peer Review Committee shall be appointed by and convened by the Student Council. When convened, a private meeting will be arranged with the student and the Committee. The Committee will then make formal recommendations to the student, Clinic Supervisor, and Dean of Clinical Education. Hopefully these recommendations will facilitate resolution; if not, final authority lies with the Provost/VPAA.
3.0 DAOM Program

3.1 DAOM Clinic Training

Essential to our students’ education is a comprehensive clinical experience. Students have the opportunity to intern at ACTCM’s onsite Community Clinic and at the California Pacific Medical Center (CPMC). DAOM students are strongly encouraged to complete a minimum of two weeks of externship at Yue Yang Hospital, Shanghai University of TCM. ACTCM has a formal agreement with this institution.

Clinic Theaters

Clinic Theaters begin in the first quarter and occur throughout the program. Clinic Theaters are part of TCM specialty classes. Two or three patients with disorders pertaining to the module topics will be seen in a theater class setting. Students participate in the interview and diagnosis process, and treatment plan with faculty members. After the patient has been treated by the faculty members, the students move to the next-door classroom and engage in a discussion based on their didactic class information, clinical experience, faculty input, and their literature reviews.

Clinical Grand Rounds

Throughout the doctoral program, clinical internship includes grand rounds with TCM practitioners and frequently with Western medical practitioners. In this environment, patients will be diagnosed by both practitioners. The faculty will discuss their diagnosis process and recommended a treatment plan, the strengths and weaknesses of their medicine in treating that particular patient, and how the practitioners can work collaboratively to provide the most effective treatment. Students will have ample opportunity to ask questions and hold in-depth discussions about their patients. Students work in small groups and treat the patients.

Sunday Specialty Clinics

In the specialty clinics, student interns in groups of 3 or 4 treat a patient under supervision of a DAOM clinic supervisor. These clinics occur in the ACTCM Community Clinic and the California Pacific Medical Center inpatient rehab center. The clinical experiences in the two areas of specialization, TCM Gynecology and Pain Management, provide the opportunity for greater involvement with complex chronic disorders.

Case Discussion

From assignments in the didactic classes and clinical specialty experiences, students periodically present cases (including circulating a one page written summary) relevant to the content of their current didactic class (e.g. TCM Oncology). These presentations include the patient’s history and the diagnosis, and treatment plan, and follow-up. Also, faculty members often present a case for students to analyze.

Clinical Observation

Students observe with biomedical practitioners, such as MD, DO, DC, ND, NP at an approved off-campus site. The clinical observation experience provides the opportunity for understanding of the roles and responsibilities of other health care practitioners and developing the skills to work in collaborative practices and in medical teams.

Clinical Externship

Two options (or a mixture of the two) are open to the students for completing the clinical externships: (1) Three to Five weeks of externship at Yue Yang Hospital of Shanghai University of TCM under the supervision of Chinese and ACTCM faculty; or (2) Students are working with senior AOM practitioners or mentor (a minimum of 15 year of clinical experience) of their choice in the United States.
ACTCM will cover the tuition costs in China. Students are responsible for all travel and room and board costs incurred in China. The supervisors or mentors in the United States will be required to approve from the DAOM Dean before the externship experience commences.

The Community Clinic
Located in the main campus building on Arkansas Street, this clinic serves as the program’s centerpiece. The clinic provides more than 17,000 treatments a year. Serving a diverse client population, the clinic offers a variety of clinical opportunities for students and practitioners alike. Clinical services include acupuncture, moxibustion, cupping, Shiatsu, Tui Na, Qigong, nutritional counseling, and a full-service Chinese herbal pharmacy that carries an extensive selection of high-quality raw herbs, powdered herbs and patent medicines. The community clinic operates weekdays, evenings and Saturdays, by appointment or on a drop-in basis.

California Pacific Medical Center (CPMC)
CPMC offers interns the opportunity to treat patients in a hospital setting who are paralyzed or have limited mobility due to stroke or other injury to the brain or spine. Medical doctors refer patients for acupuncture to address issues surrounding pain management, rehabilitation, speech therapy, motor coordination, muscle tone and weakness, depression and anxiety. Because of the nature of cerebral and spinal injuries, many patients are treated regularly for a number of weeks or months.

UCSF Osher Center for Integrative Medicine
The UCSF Osher Center for Integrative Medicine operates as a campus-wide multidisciplinary program with a mission to transform the way medicine is practiced. The Osher Center achieves this by conducting rigorous research on integrative approaches to health; educating students, health professionals and the public; and compassionately treating patients with both conventional and alternative approaches that address all aspects of health and wellness, physical, psychological, social and spiritual. The care provided at the Osher Center emphasizes respect for the human capacity for healing, the importance of the relationship between the practitioner and the patient, a collaborative approach to patient care among practitioners, and the practice of evidence-based conventional, complementary and alternative health care.

Yue Yang Hospital, Shanghai University of TCM
Yue Yang Hospital, which is affiliated with Shanghai University of TCM, is a Class-3A Municipal General Hospital (the highest rank hospital in China), a teaching hospital and a research institute. Established in 1952, it is the only Municipal Integrated Medicine Hospital in Shanghai established by the Chinese National TCM Administration Bureau. With over 600 in-patient beds, Yue Yang Hospital sees 1.1 million outpatient visits and 10,000 inpatient admissions every year. In 2005, the World Health Organization (WHO) established a Shanghai International Standard Clinical Training Center for Acupuncture and Tuina at Yue Yang Hospital.

ACTCM offers DAOM students the opportunity to participate in a two to five-week externship at Yue Yang Hospital. Students are strongly encouraged to complete a minimum of two weeks of externship, and all five weeks if possible. ACTCM covers the tuition costs at Shanghai University of TCM. Students are responsible for their airfare and living costs. Students are in the hospital and clinic approximately 40 hours per week. An additional three hours per week are reserved for case discussions with the faculty members. These sessions allow for more in-depth discussions of difficult chronic cases that the DAOM students have recently seen and treated.

Studying in China offers the unique experience of treating patients in an integrative setting, as well as offers a volume and diversity of patients important to the training of the doctoral students. Because the USA does not yet have major TCM hospitals, the clinical experience at the Yue Yang hospital and outpatient center is both inspiring and enhances the DAOM specialization training.

3.2 DAOM Clinic Forms
ACTCM DAOM Clinic Observation Log

This form must be completed in order to receive credit. Please attach the supervisor’s Resume and Business card to this form.

1) Student ________________________________

2) Supervisor ________________________________

Quarter (circle one): Winter Spring Summer Fall Year _______________

Supervisor must sign at the end of each shift.

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervisor Name</th>
<th>Time</th>
<th>Hours Completed</th>
<th>Supervisor Signature</th>
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Total Hours
# American College of Traditional Chinese Medicine
## DAOM Program Observation Diary

Name of Observer: 

Name of Supervisor: 

(Attach business Card)

Supervisor’s Signature: 

Date: 

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<table>
<thead>
<tr>
<th>Date</th>
<th>Brief History</th>
<th>TCM diagnosis</th>
<th>Western Diagnosis</th>
<th>Either/or both TCM and Western Treatment Plan</th>
<th>Prognosis</th>
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Keep an observation diary which includes about one paragraph on each patient or minimum of 6 patients per 12 hours that you observe (and describe the TCM and Western diagnosis, and treatment plan).
American College of Traditional Chinese Medicine
DAOM Internship Evaluation Form

DAOM Intern Name: ________________________________

Supervisor Name: ________________________________

Specialty:  □ TCM Gynecology □ TCM Pain Management □ CPMC Internship

Please circle your response to the statements below. Use the following scale for your responses:
5 = Strongly agree  4 = Agree  3 = Neither agree nor disagree  2 = Disagree  1 = Strongly disagree  N/A = Did not apply

Student Intern
1. 5 4 3 2 1 N/A The intern observed the appropriate actions to promote patient safety.
2. 5 4 3 2 1 N/A The intern exercised appropriate level of clinical judgment in establishing diagnosis, treatment principles and formulating a treatment plan.
3. 5 4 3 2 1 N/A The intern demonstrated training in advanced diagnostic and technical procedures in order to analyze and interpret findings.
4. 5 4 3 2 1 N/A The intern was able to define the root nature of a problem/condition disease.
5. 5 4 3 2 1 N/A The intern considered the needs of patient (cultural, psycho-social and/or spiritual).
6. 5 4 3 2 1 N/A The intern incorporated biomedical knowledge into the TCM diagnosis and treatment.
7. 5 4 3 2 1 N/A The intern considered the use of collaborative practice in his/her treatment plan.
8. 5 4 3 2 1 N/A The intern developed integrative protocols for case management.
9. 5 4 3 2 1 N/A The intern reviewed the evidence-based research and applied it in the care of patients.
10. 5 4 3 2 1 N/A The intern was proficient with current treatment methodologies.
11. 5 4 3 2 1 N/A The intern managed patients in an effective and ethical manner.
12. 5 4 3 2 1 N/A The intern incorporated principles of health promotion and disease prevention.

□ Student Intern met the requirements
□ The Strongest aspect of this Student Intern’s performance was: ________________________________

□ Student Intern needs to improve in the following areas (please be specific): ________________________________

Supervisor Signature: ________________________________ Date: ____________
American College of Traditional Chinese Medicine
DAOM Supervisor Evaluation Form from Interns

DAOM Supervisor Name: _________________________________________________

Date of Clinic: _______________________________________________________

Specialty:        ☐ TCM Gynecology        ☐ TCM Pain Management

Your comments are very important and will be read by the administration. Please complete and return to the DAOM Assistant before leaving the clinic. Thank you for your participation.

Please circle your response to the statements below. Use the following scale for your responses:
5 = Strongly agree    4 = Agree    3 = Neither agree nor disagree    2 = Disagree    1 = Strongly disagree    N/A = Did not apply

Clinic Supervisor
1.  5 4 3 2 1 N/A The supervisor encourages and guides critical thinking.
2.  5 4 3 2 1 N/A The supervisor includes applications for problem solving and decision making.
3.  5 4 3 2 1 N/A The supervisor includes integrative protocols for the case management.
4.  5 4 3 2 1 N/A The supervisor promotes patient-centered health care.
5.  5 4 3 2 1 N/A The supervisor clearly explains reasoning of diagnosis and treatments.
6.  5 4 3 2 1 N/A The supervisor summarizes discussion periodically.
7.  5 4 3 2 1 N/A The supervisor intervenes when discussion gets off track.
8.  5 4 3 2 1 N/A The supervisor demonstrates a rapport with students.
9.  5 4 3 2 1 N/A The supervisor communicates professionally with patients.
10. 5 4 3 2 1 N/A The clinic furthers my development as a practitioner.
11. 5 4 3 2 1 N/A This clinic creates a useful interface between the academic education and clinical experience.
12. 5 4 3 2 1 N/A This clinic enhances my understanding of TCM and my ability to work with patients.

Please comment on the strengths of the instructor and make suggestions for improvement in the course:

_____________________________________________________________________

_____________________________________________________________________

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4.0 Patient Care

3.1 Patient Care

♦ The delivery of patient care depends upon the interaction of an individual patient with an individual clinician and is supported by the clinic staff.

♦ In general, patients arrive at the clinic by appointment only and are received by the receptionist. Payment is due the day service is rendered. Payment options are discussed in 3.7.

♦ First time patients are oriented by the receptionist to the operation of the clinic. Patients are advised that this is a teaching clinic and therefore students may be participating in the intake, diagnosis, and treatment of the patient. Patients are assured of confidentiality in their care. The new patient is asked to complete the following intake forms:
  1. Complete personal and family medical history
  2. Checklist of presenting symptoms
  3. Data waiver for research purposes
  4. Agreement to clinic policies and services
  5. Informed Consent Form
  6. Patient Consent for purpose of treatment, payment, and healthcare operations
  7. Acknowledgement of Receipt of Notice of Privacy Practices

♦ Clinicians or interns inform their patients of the scope of traditional Chinese medicine in treating the patient's health presentation. A treatment and case management plan will be developed by the clinician with the patient. The clinician or intern will advise the patient of the risks and benefits of treatment and the patient's consent must be obtained before treatment may proceed. An informed consent document must be signed by the patient or patient's guardian or agent.

♦ Emergencies: The clinicians, students and Dean of Clinical Education are trained in CPR. If a patient arrives presenting with signs of a medical emergency, 911 will be called. The clinic staff will stabilize the patient while waiting for paramedic transport to a hospital. The same actions will be taken for a patient who becomes unstable while undergoing treatment at the clinic; if needles are inserted the first step is to immediately remove them.

♦ Referrals are made for patients requiring specialty care outside the scope of or in support of the clinical protocols of traditional Chinese medicine. Referral is automatic for one of the following reasons:
  a. Abdominal mass
  b. Any tumors or growths.
  c. Emergency condition.
  d. Fever with complications.
  e. Cardiovascular problems.
  f. Headache of unknown origin.
  g. Hemorrhage without known reason.
  h. Unexplained weight loss.
  i. Other indications as appropriate.
A record of referral must be entered into the patient record, including name and address of provider and reason.

♦ The clinic provides 3 areas of clinical service to the patient.
  1. Consultation and diagnosis.
  2. Acupuncture, moxibustion, and massage.
  3. Dispensing of herbs from the on-site pharmacy.
♦ Missed appointments (no shows) are documented in the patient’s ledger card. Patients are required to give 24 hours notice of cancellation or rescheduling of appointments. If a patient gives less than 24 hours notice or fails to show up for the appointment, a late cancel or no show fee of $10 will be charged.

♦ TCM clinicians follow prenatal, perinatal and postnatal patients on a secondary, supportive basis. Such patients are advised to see a primary care OB/GYN physician outside of this clinic setting.

3.2 Patient Rights and Responsibilities

THE PATIENT IS ENTITLED TO:

♦ Be given information about their rights and responsibilities for receiving health care services.

♦ Receive a timely appointment in response to a request for health care services.

♦ Be given information about Clinic policies and procedures and charges for services, including eligibility for third party reimbursements.

♦ Be given information about available non-emergency medical services.

♦ Choose his/her health care provider.

♦ Appropriate and professional health care services without discrimination against race, creed, color, religion, sex, national origin, sexual preference, handicap or age.

♦ Be treated with courtesy, respect, consideration, and dignity by all who provide services.

♦ Be free from physical, sexual and mental abuse and/or neglect.

♦ Be given proper identification by name and title of everyone who provides health care services.

♦ Necessary information so that he/she will be able to give informed consent for treatment prior to the start of any treatment.

♦ Complete and current information concerning his/her diagnosis, treatment, alternatives, risks and prognosis as required by his/her practitioner’s legal duty to disclose, in terms and language he/she can reasonably be expected to understand.

♦ A treatment plan developed to meet his/her unique health care needs.

♦ Participate in the development of his/her treatment plan.

♦ An assessment and update of the treatment plan as necessary.

♦ Privacy and confidentiality, such that no individual or agency outside of the Clinic may obtain any information without written consent.

♦ Review his/her clinical record upon request or obtain copies of medical records by completing a Release of Medical Records form and submitting the appropriate fee.

♦ Be given information regarding transfer of care to another provider or termination of clinic services.
♦ Voice grievance with and/or suggest changes in clinic services without being threatened or discriminated against.

♦ Refuse treatment within the confines of the law.

♦ Refuse to participate in experimental research.

♦ Be given information concerning the consequences of refusing treatment or not complying with therapy.

♦ Make payment based upon a sliding scale if payment is received on the day service is rendered.

**THE PATIENT HAS THE RESPONSIBILITY TO:**

♦ Arrange for appointments and arrive on time for scheduled appointments.

♦ Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, and other pertinent information.

♦ Assist in maintaining a safe environment.

♦ Inform the clinic at least 24 hours in advance when unable to keep a scheduled appointment.

**ACTCM RECOGNITION OF PATIENT RIGHTS**

A. Each patient shall be assured of confidential treatment of disclosures and records.

1. All patient medical records are the property of the Clinic and are to be used to serve the patient, the health care provider and the Center in accordance with legal and regulatory agency requirements. All information contained in the health record belongs to the patient, and the patient is entitled to the protected rights of information.

2. Patient records may never be used voluntarily by the Clinic in a way which jeopardizes the interests of the patient except when necessary when the Center must defend itself or its agents.

3. Persons authorized to use medical information within the Clinic and for what purpose.

   a. Health care providers use information for the following reasons:

      (1) To communicate with other health care providers using the same chart to treat a particular patient.
      (2) As a reference for treatment of future illness.
      (3) As a training tool for student trainees.
      (4) To evaluate the quality of patient care through review and analysis.
      (5) As a research tool for both educational and treatment development purposes. Evolution of new treatment protocols is important here.
      (6) For documentation to conform to government regulations.
      (7) For follow-up care of patients with long-term illnesses and assessment of the efficiency of the care given.

   b. Administrative personnel handle the charts for the following reasons.

      (1) To check for completeness of entries such as signatures and dates.
(2) To attach new forms for provider’s use and to attach any additional information such as patient correspondence and lab reports.
(3) To release information when appropriately requested by the patient.
(4) To file records and retrieve records when needed.

c. Student trainees may handle charts in the following ways:
   (1) To perform patient intake.
   (2) To prepare herbal prescriptions from clinician’ orders.
   (3) To obtain information for educational purposes, a student may sit with a chart in the Records Review Room and copy information provided he or she refrain from attaching the patient's name to any such notes as may be taken nor in any way indicating in their notes to whom specifically this information may relate. For such purposes the student must sign out charts from the records file clerk who is responsible for the whereabouts of all charts.

B. Each patient must be afforded the opportunity to approve or refuse the release of information consistent with applicable state and/or federal laws.

C. Each patient must be provided with all known information regarding his or her diagnosis, treatment and prognosis.

D. When concern for the patient’s health prevents the clinician from providing medical information directly to the patient, the information will be given to the person designated by the patient as legally authorized to receive such information. An exception to this would be a minor who is being treated without parental knowledge. The minor would be the only one who could sign a release form.

E. All requests for information must be documented in the patient's file by including a copy of the patient release form.

F. All clinicians, staff employees and clinical trainees must read the ACTCM confidentiality protocols and carefully follow all recommendations therein.

G. Any patient's verbal or written complaint will be cause to fill out a "Clinic Incident Report".
SAMPLE FORM

CLINIC INCIDENT REPORT

Date: ____________________  Time: ____________________

Patient: ______________________________________________

Intern: ____________________  Supervisor: ____________________

Observer(s): __________________________________________

Account of the Incident/Problem: ___________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Steps Taken to Resolve the Problem: __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Further Actions Needed: __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__ __________________________  __ __________________________
Signature of Intern                  Signature of Supervisor
3.3 ACTCM Confidentiality Protocols

The clinician, all clinical staff and students have a responsibility to the patient to maintain the patient’s case as well as the patient’s presence in the clinic in strict confidence.

a) The spirit of this confidence mandates that all information relating to a patient derived from the clinical setting is to be used solely for the purpose of developing diagnoses, treatments, and teaching experiences for students. Such information is not to be discussed lightly in conversation in or out of the clinical setting. Furthermore, neither opinions of practitioners nor ACTCM policies may be discussed in front of waiting patients.

b) No patient information derived from the clinical setting can be transmitted to another agency without the expressed written consent of the patient. This includes insurance companies, agencies seeking patient mailing lists and interested students seeking by phone to know the names of patients scheduled for a particular clinician. These examples indicate that the very presence of the patient in the clinic is to be held in confidence.

c) Custodianship of patient records is the responsibility of the Dean of Clinics.

d) Confidentiality of medical records, both oral and written, is mandated by medical ethics and by law. Violation of patient confidentiality must be considered a serious breach of trust resulting in dismissal of the employee or student found to be responsible. The vulnerability of the institution and the individual clinicians to litigation is paramount in the area of patient confidentiality. It must be understood that each clinician and each student in the clinical setting has the full responsibility of a physician with respect to medical ethics and the law.

e) Xeroxing of patient charts for personal reasons is against the law and is grounds for expulsion.

f) There shall be no marker or notation on the cover of a patient chart to indicate special information about the patient or their conditions. To discover such information the chart must be opened and read only by people authorized to do so.

g) Lists of patient names to indicate a special category of conditions are not to be kept. Confidential lists of patients for research purposes can be generated by using their chart number such that no individual can be identified except by the authorized researcher.
AUTHORIZATION FOR USE OR DISCLOSURE OF MEDICAL INFORMATION

EXPLANATION:
This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the confidentiality of medical information Act of 1981, Civil code section 56 et seq.

AUTHORIZATION:
I hereby authorize __________________________ to furnish to __________________________
(name of requestor)
Medical records and information pertaining to medical history, mental or physical condition, services rendered, billing records, or treatment of __________________________.
(patient name)
This authorization is limited to the following medical records and type of information:

And expressly excludes the release of any sensitive information pertaining to the following:

USES:
The requestor may use the medical records and type of information authorized only for the following purposes:

DURATION:
This authorization shall become effective immediately and shall remain in effect until ____________.
(date)

RESTRICTIONS:
I understand that the requester may not further use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

ADDITIONAL COPY:
I further understand that I have a right to receive a copy of this authorization upon request. Copy requested and received: yes  no

SIGNATURE: __________________________

DATE: ____________  TIME: ____________ AM / PM

IF SIGNED BY OTHER THAN PATIENT, INDICATE RELATIONSHIP: __________________________

WITNESS: __________________________

(A spouse or financially responsible party may only authorize release of medical information for use in processing an application for the patient, as a spouse or dependent, for a health insurance plan or policy, a nonprofit hospital plan, a health care service plan or an employer benefit plan.)

455 Arkansas Street
San Francisco, CA 94107
(415) 282-7600
(415) 282-9037 fax
Student Procedures and Protocols for Confidentiality with Patient Information:

a) When a student takes notes during the patient intake period, he/she may only use the patient's chart number for identification. Neither case studies nor clinic notes can ever cite a patient's name.

b) A student may check out a chart by signing out on the records review sheet numbering it with the chart number, and indicating the time of removal. Charts may be reviewed in the student lounge areas and are never to be duplicated or removed from the clinic for any reason.

c) Students in the clinic may not discuss clinical cases, mention patients by name unless addressing them directly or discuss the attributes of a particular clinician while in the common areas of the clinic or in the pharmacy. Patients may be discussed quietly for educational purposes with clinical faculty members in their office, or in the intake rooms. Failure to observe this protocol is adequate grounds for dismissal as a student.

d) Students may not use other ACTCM students as subjects for their case studies in order to provide the confidentiality of our students.

3.4 Refusal of Care

Occasionally, a patient does not wish to follow the treatment plan that has been developed. Such a patient must be dealt with in a caring, educated manner. Although it is the patient's right to refuse treatment, the risks of refusing treatment should be explained to the patient. The chart should clearly show that the care was offered, explained and declined.

3.5 Informed Consent

- Informed consent of the patient must be obtained prior to any treatment. This should be documented in the chart under "Patient Education", see section 6.0 of this manual for information on how to chart consent. An informed consent document should also be signed by the patient and practitioner prior to treatment.

- Verbal consent of the patient must always be obtained prior to treatment (see below).

- The purpose of obtaining informed consent is to clarify the patient's understanding of the proposed treatment, to decrease the likelihood of an adverse event, and to maintain a standard of care.

- The information to be communicated to the patient should include the patient's diagnosis, the nature of treatment, the risks of treatment, the alternatives to treatment, the benefits of treatment, the course of treatment, and the prognosis, including the prognosis for refusal of care. The information should be communicated to the patient in language which the patient can be reasonably expected to understand or, if necessary, should be translated into the patient's primary language. If the patient is not competent or a minor, the consent should be signed by a parent or power of attorney for health care.

Components of Verbal Informed Consent

1. Practitioner gives the patient information about the nature of the proposed treatment (body areas to be treated, type of treatment, normal side effects) and duration of the treatment.
2. Practitioner gives the reasoning or rationale for the proposed treatment.
3. The practitioner and patient create and understand a shared objective for the outcome of the treatment.
4. The patient feels able to accept or reject the proposed treatment or parts of it, either before, during or after the treatment begins.
3.5.1 California Confidentiality Law: When Parents May Access Adolescent Medical Records

- See Appendix E

3.6 Abuse, Misconduct, Harassment

The patient may expect the clinic experience to be free of sexual abuse, misconduct or harassment.

Definitions:

- Sexual abuse: Subjection of a patient to one of the following acts by a member of the clinic staff without obtaining verbal consent of the patient or committed with sexual or aggressive intent:
  1. the intentional touching by the staff member of the patient's intimate areas (usually the genitals or breasts, but may also include the abdomen, buttocks or other areas).
  2. the touching of the patient's intimate areas by means of coercion or by use of a position of authority.
  3. the touching of the clothing covering the intimate area.

- Sexual misconduct or harassment: Subjection of a patient by a staff member to verbal, manual or physical suggestions or inferences of a sexual nature or content.
  1. unnecessary references to sexual acts or behavior.
  2. touching of one’s own intimate areas in a sexually suggestive manner.
  3. physical contact between a staff member and patient which is sexually suggestive.

- This policy is not intended to inhibit or discourage appropriate physical contact with the patient. Palpation for diagnostic purposes or point location, and therapeutic massage are important elements of TCM diagnosis and treatment. However, when performing these activities, it is important to obtain the patient's permission to touch, palpate, or massage, especially near sexually sensitive, or intimate areas.

Ethical Behavior and Sexual Boundaries

1. No sexual or romantic contact between practitioner and patient during the course of treatment and as long as a professional relationship exists.

2. The practitioner is responsible for maintaining appropriate boundaries even if the patient is perceived as being seductive.

3. Patient has a clear choice as to whether she/he is nude or wears underwear. If so, she/he must be draped with a sheet during treatment. Patient dresses and undresses in private.

4. Practitioner never works on the genitals, anus or nipples of patient.

5. Practitioner uses only the hands to palpate and only the hands and arms to perform massage. Practitioner uses only the knee or lateral aspect of the hip or leg for bracing (i.e., never the front of the pelvis.)

6. The practitioner will obtain verbal consent before undraping the breasts, genitals, buttocks, or abdomen.

7. The practitioner uses appropriate clinical terminology when speaking about body parts or functions, except when vernacular is needed for comprehension by the patient.

8. The practitioners will not make verbal, manual, or physical suggestions or inferences of a sexual
nature.

9. The practitioner will not probe unnecessarily into the patient's sexual history beyond what is needed for a frank discussion of sexual risk behavior and modification. The practitioner will never offer value judgments of the patient's behavior, even when asked.

10. The practitioner will remain within his/her scope of practice when dealing with issues of possible sexual abuse.

**AMERICAN COLLEGE OF TRADITIONAL CHINESE MEDICINE Unlawful Harassment Policy**

The American College of Traditional Chinese Medicine (ACTCM) is committed to taking all reasonable steps to prevent discrimination and harassment from occurring. In addition to other forms of unlawful discrimination, ACTCM maintains a strict policy prohibiting sexual harassment and harassment because of race, color, national origin, ancestry, religion, creed, physical or mental disability, medical condition, marital status and sexual orientation, age or any other basis protected by federal, state or local law, ordinance or regulation. All such harassment is unlawful and will not be tolerated from any employee. In addition, ACTCM will take all reasonable steps to prevent discrimination and harassment from occurring.

Sexual Harassment Defined

Federal law defines sexual harassment as unwanted sexual advances, requests for sexual favors or visual, verbal or physical conduct of a sexual nature when:

(1) submission to such conduct is made a term or condition of employment; or
(2) submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual; or
(3) such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive working environment.

California law defines sexual harassment as unwanted sexual advances or visual, verbal or physical conduct of a sexual nature. This definition includes many forms of offensive behavior. The following is a partial list:

* Unwanted sexual advances.
* Offering employment benefits in exchange for sexual favors.
* Making or threatening reprisals after a negative response to sexual advances.
* Visual conduct: leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters.
* Verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, comments about an employee's body or dress.
* Verbal sexual advances or propositions.
* Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, suggestive or obscene letters, notes or invitations.

Physical conduct: touching, assault, impeding or blocking movements.

It is unlawful for males to sexually harass females or other males, and for females to sexually harass males or other females. Sexually harassment on the job is unlawful whether it involves co-worker harassment, harassment by a supervisor or manager, or by person doing business with or for the College.

ACTCM's Complaint Procedure:
ACTCM's complaint procedure provides for an immediate, thorough and objective investigation of any sexual harassment claim, appropriate disciplinary action against one found to have engaged in prohibited sexual harassment, and appropriate remedies to any victim of harassment. An employee may have a claim of harassment even if he or she has not lost a job or some economic benefit.

Employees who believe they have been sexually harassed on the job or who are aware of the harassment of others, must provide a written or verbal complaint to their own or any other supervisor as soon as possible. The complaint must include details of the incident(s), names of individuals involved, and the names of any witnesses. Supervisors and managers must immediately refer all harassment complaints to the Personnel Committee, or the President.

All incidents of sexual harassment that are reported will be investigated. The Personnel Committee or the President, or designated representatives, will immediately undertake an effective, thorough and objective investigation of harassment allegations. The investigation will be completed and a determination regarding the harassment alleged will be made and communicated to the employee(s) who complained and the accused harasser(s).

If the Personnel Committee and the President determines that sexual harassment has occurred, effective remedial action commensurate with the circumstances will be taken to deter any future harassment. If a complaint of sexual harassment is substantiated, appropriate disciplinary action, up to and including discharge, will be taken. Whatever action is taken against the harasser will be communicated to the employee who complained, and the Personnel Committee or the President will take appropriate action to remedy any loss to the employee resulting from the sexual harassment.

ACTCM's policy and California law prohibit retaliation against any employee by another employee or by ACTCM for using this complaint procedure or for filing, testifying, assisting or participating in any manner in any investigation, proceeding or hearing conducted by a federal or state enforcement agency. Prohibited retaliation includes, but is not limited to, demotion, suspension, failure to hire or consider for hire, failure to give equal consideration in making employment decisions, failure to make employment recommendations impartially, adversely affecting working conditions or otherwise denying any employment benefit.

Any employee of ACTCM whether coworker, supervisor or Manager, who is found to have engaged in unlawful sexual harassment is subject to disciplinary action up to and including discharge from employment. An employee who engages in sexual harassment and took no action to stop it, may be held personally liable for monetary damages. ACTCM will not pay damages assessed personally against an employee.

Additional Enforcement Information

In addition to ACTCM’s internal complaint procedure, employees should also be aware that the federal Equal Employment Opportunity Commission (EEOC) and the California Department of Fair Employment & Housing (DFEH) investigate and prosecute complaints of sexual harassment in employment. Employees who believe that they have been sexually harassed may file a complaint with either of these agencies. Both the EEOC and DFEH serve as neutral fact finders and attempt to help the parties voluntarily resolve disputes.

For more information, contact the Personnel Committee or the President at (415) 282-7600 or the nearest office of the EEOC or DFEH. The address and telephone number of the local offices of the EEOC and DFEH are located in the telephone directory.

3.7 Patient Accounts and Billing
ACTCM operates a low-cost community clinic which provides acupuncture, Chinese herbal, Shiatsu and Tui Na therapies. Our rates are competitive and we offer a sliding scale fee based on income. Payment is due at the time of the visit. Our herbal pharmacy allows us to fill herbal prescriptions on site.

- Insurance policies that cover acupuncture are accepted.
- The clinic accepts Workman’s Compensation.

**Clinic Fees** (10-01-11)

<table>
<thead>
<tr>
<th>Gross Monthly Income</th>
<th>New Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over $3,334</td>
<td>$62</td>
</tr>
<tr>
<td>Between $2,083-$3,333</td>
<td>$52</td>
</tr>
<tr>
<td>Under $2,082</td>
<td>$42</td>
</tr>
<tr>
<td>Paired Intern</td>
<td>$29</td>
</tr>
<tr>
<td>Coupon</td>
<td>$29</td>
</tr>
<tr>
<td>Student/ Low income Senior</td>
<td>$29</td>
</tr>
<tr>
<td>62 y/o and Under $2,082 (Gross Monthly Income)</td>
<td>$29</td>
</tr>
<tr>
<td>Ryan White Pts</td>
<td>$17 / 13</td>
</tr>
<tr>
<td>“Same Day” Appts.</td>
<td>$19</td>
</tr>
<tr>
<td>Ear Clinic donation</td>
<td>$5</td>
</tr>
<tr>
<td>No Show Charge</td>
<td>$15</td>
</tr>
<tr>
<td>Medical Copay</td>
<td>$17</td>
</tr>
<tr>
<td>$17 for the first 2 visits in a month, $24 for the rest of the month</td>
<td></td>
</tr>
<tr>
<td>Clinic Theatre</td>
<td>$17</td>
</tr>
<tr>
<td>Tui Na Practicum</td>
<td>$10</td>
</tr>
<tr>
<td>Tui Na/Shiatsu</td>
<td>$47</td>
</tr>
<tr>
<td>$47 for an hour and a half, $94 for 1 hour</td>
<td></td>
</tr>
<tr>
<td>Faculty &amp; Staff</td>
<td>$18 (same day $8)</td>
</tr>
<tr>
<td>30% discount for herbs all Faculty</td>
<td></td>
</tr>
<tr>
<td>Dependents of Faculty/ Staff</td>
<td>$29 for acupuncture treatment</td>
</tr>
<tr>
<td>ACTCM Students</td>
<td>$18 (same day $8)</td>
</tr>
<tr>
<td>20% 20% discount on herbs</td>
<td></td>
</tr>
</tbody>
</table>

### 3.8 Health Insurance and Portability and Accountability Act (HIPAA)

Congress established HIPAA in 1996 to develop national safeguards to protect the confidentiality of an individual’s medical information. It has become necessary as more private health information is held and transmitted electronically.

**HIPAA Regulations**

- Give patients more control over the use/disclosure of their health information.
Set boundaries on the use and release of health records.
Establish safeguards to protect the privacy of health information.
Hold violators accountable—civil and criminal penalties: workplace sanctions/discipline required
Strike a balance between public responsibility and individual rights

Who is regulated?
Covered entities:
- Any provider who submits transactions data electronically
- All health plans that reimburse for medical services
- All clearinghouses—entities that process administrative data
- Indirectly—business associates

Protected Health Information (PHI)
- Individual identifiable health information
- Regarding past, present, or future health status
- Includes demographic data
- Relates to a person’s health, the care received & payment services
- In any form; electronic, on paper, oral

Notice of Privacy Practices
- Tells the patient how protected health information:
  - Can be used and disclosed by CE
  - Can be accessed, amended, or restricted by the patient
- Patient’s written acknowledgement of receipt required:
  - At the time of first service delivery
  - Good faith effort

Treatment, Payment, and Healthcare Operations
- Providers may disclose protected health information (PHI) for the purposes of treatment, payment, and healthcare operations (T/P/O)
- Patient authorizations are required for use and disclosure of patient information for non-T/P/O purposes.

Research
- PHI can be used or disclosed for research purposes if:
  - Patient has signed an authorization or
  - The research protocol has been approved by an Institutional Review Board/Privacy Board or
  - A data use agreement exists for release of a limited data set.

Business Associates
- The transcription company is considered a “Business Associate” of the provider.
- The provider must have a Business Associate agreement with the transcription company that meets HIPAA requirements
- The provider may give clinical information to the insurance company as part of T/P/O.
- Disclosure must be limited to the minimum necessary information.

Minimum Necessary Provisions
- Covered entity must make reasonable efforts to ensure the minimum amount of PHI is used, disclosed or requested to accomplish the intended purpose.
- Role/Position Based Access
  - Identify those who need paper or electronic access to PHI
  - Document as part of position descriptions
  - Limit the type and amount of access
Minimum Necessary Exclusions
- The patient requests access to his/her PHI
- The patient or personal representative has signed an authorization
- PHI is used/disclosed for treatment of the patient
- PHI is disclosed as required by law
- To comply with other HIPAA rules (e.g. transactions)
- When requested by the Department of Health & Human Services as part of an investigation

Incidental Disclosures
- Disclosures that are a result of an otherwise permissible use or disclosure
- Reasonable safeguards must be taken to protect personal health information
- Such disclosures should be minimized.
- Health care professionals may discuss a patient’s treatment with other staff involved in the patient’s care without fear of violating the privacy rule if they are overheard, provided they have taken precautions to limit the possibility of being overheard.
- The covered entity must ensure reasonable safeguards are taken.

Directory Information
- Directory information includes name, location in the facility, and a description of the patient’s condition in general terms
- Patients must be informed of their right to restrict the release of directory information.
- Can be released to those who inquire about the patient by name.
- Religion may also be released to clergy.

Patient’s Right to Request Amendment
- Amendments can be requested for as long as the provider maintains the information.
- Provider can require that the request be in writing with reasons for the request (included in Notice of Privacy Practices)
- Provider has 60 days to respond to the request + one 30 day extension
- Documentation of the request, response(s) must be maintained for 6 years.

Provider’s Right to Deny Amendment Request
Provider may deny the request if:
- They did not create the PHI-unless the patient provides information that the creator is no longer available.
- The disputed information is not part of the designated record set, would not be available to the patient under his/her rights to access PHI, or is accurate and correct.

Privacy Officer
HIPAA requires providers to designate a privacy official and a complain contract. It may also be the same person or two different people.

Patient’s Right to File a Complaint
If a patient feels their privacy rights have been violated or is concerned about a provider’s policies/procedures, they may file a complaint with a designated individual within the facility and the Secretary of the Department of Health and Human Services. Information about the complaint process must be provided in the Privacy Notice.

Student Clinician Information
1. Do not discuss patient medical information in the patio, hallway, lobby, and front desk area. Discussion is only allowed in the treatment room, faculty lounge and student lounge while the door is closed.
2. Do not discuss or explain herbal treatment in the front desk area.
3. Any information about patient is protected health information.
4. No folders or charts should be left unattended, please keep charts with you at all times. Please return to the front desk immediately after each treatment. You are legally responsible for the chart.
5. The daily schedule will be kept behind the front desk for confidentiality reasons.
6. The door should remain closed in the faculty lounge and student lounge
7. Each faculty and intern is responsible for evacuation of patients. Please refer to the evacuation plan.
5.0 ACTCM COMMUNITY ACUPUNCTURE PROGRAM AND EXTERNSHIP SITES

A primary goal of the Community Acupuncture Program is to provide high-quality community-based clinical care and patient education, using the modalities of traditional Chinese medicine in outpatient settings with the intent to maintain health and well being of the community. A secondary goal of the program is to provide educational clinical opportunities for ACTCM students in treating diverse populations. Note: Services at the primary site in Potrero Hill are by appointment. Most externship sites are on a drop-in basis unless otherwise indicated.

- ACTCM Community Clinic at Potrero Hill (Ryan White Program and General Public):
  450 Connecticut Street, SF 94107 Tel. 415 282-9603
  Chinese Medicine, Acupuncture, Herbal Pharmacy, Therapeutic Massage (Tui Na, Shiatsu)
  13 treatment rooms, Faculty and Student Lounge, Patient Waiting Area, Reception Desk
  25 Practitioners, 200 students in training, Alumni Clinic (Tuesday Evening 5-9 pm and Saturdays) as well as Private Practice.

- ACTCM Auricular Drop-in Clinic: (General Public):
  450 Connecticut Street, SF, CA 94107 Tel. 415-282-9603, 282-7600
  ACTCM’s free drop-in auricular clinics, offered three times a week at the Potrero site, are based on the protocol of the National Acupuncture Detoxification Association (NADA). Treatments assist clients in such areas as stress-reduction and drug addiction recovery, and also serves as a gateway to additional patient education and treatment sources.
  - Become knowledgeable and comfortable with auricular acupuncture.
  - Learn the benefits of treating patients in a group environment.

- California Pacific Medical Center – Stroke Project/Physical Therapy:
  Castro @ Duboce St., 322 North Tower, SF, CA 94114 Tel. 415-600-0374
  - Learn about the treatment of stoke with acupuncture and Western medicine.
  - Learn about the procedures involved in participating in a medical study.
  - Become comfortable treating patients in a hospital setting.

- Haight Ashbury Free Medical Clinic:
  558 Clayton Street, SF, CA 94117 Tel. 415-487-5632
  Lara Sallee, Medical Director Tel. 415-487-5638 x106
  Michelle Mozelsio, Office Manager Tel. 415-487-5632 x122
  HAFMC is one of San Francisco’s largest multi-service, multi-site agencies, offering physical health, mental health, and substance abuse treatment services, and a dedicated HIV Services Program
  - Learn to integrate TCM into comprehensive community medicine.

- Jewish Home for the Aged:
  302 Silver Avenue San Francisco, CA 94112 Tel: 415 3342500
Geriatric Care. Senior residents participate in physical activity, music appreciation, art, exercise, counseling, and medical services (including dentistry, physical therapy, optometry and now acupuncture).

- Participate in residential care treatment
- Treat medical conditions associated with aging
6.0 Clinic Pharmacy

The ACTCM Community Clinic maintains and operates a Chinese Herbal pharmacy as a service to our patients and for the education of our students.

5.1 Organization

HERB DRAWER ARRANGEMENT

- The herb drawers are numbered; the individual herbs are not. As students become familiar with this organization, filling formulas will become easier and quicker. The information that follows will explain the guidelines used to determine where to find each herb.

- All herbs in an herb category are now stored together, (i.e., contiguously.) The flow of the herbs follows the drawer numbers, from the bottom of one column to the top of the next column. So, all the spicy warm herbs are together, the spicy cools, etc. Below is a list of which herbs are in each category.

- The order of the categories basically follows the order of presentation in Bensky, with only a couple of minor variations done for practical considerations. Spicy Warm starts all the way at the top left, (drawer 1), and External Application is all the way at the bottom right, (drawer 160).

- Categories are delineated with different color labels. There are 30 categories, and only 15 different colors, so each color is used for 2 different, (non-adjacent), categories. A list of herb categories with label colors is attached to this memo. The labels now include Latin (pharmaceutical) name, temperature, and tastes. The Latin abbreviations used are taken directly from the inside cover of the small, white Bensky study guide. The channel abbreviations used are as follows:

<table>
<thead>
<tr>
<th>Herb Category</th>
<th>Label Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spicy Warm</td>
<td>white</td>
</tr>
<tr>
<td>Spicy Cool</td>
<td>canary</td>
</tr>
<tr>
<td>Clear Heat, Purge Fire</td>
<td>blue</td>
</tr>
<tr>
<td>Clear Heat, Cool Blood</td>
<td>pink</td>
</tr>
<tr>
<td>Clear Heat, Dry Damp</td>
<td>ivory</td>
</tr>
<tr>
<td>Clear Heat Toxin</td>
<td>gray</td>
</tr>
<tr>
<td>Clear Summer Heat</td>
<td>green</td>
</tr>
<tr>
<td>Purgatives</td>
<td>cosmic orange</td>
</tr>
<tr>
<td>Moist Laxatives</td>
<td>&quot;</td>
</tr>
<tr>
<td>Harsh Expellants</td>
<td>&quot;</td>
</tr>
<tr>
<td>Drain Damp</td>
<td>white</td>
</tr>
<tr>
<td>Dispel Wind-Damp</td>
<td>terra green</td>
</tr>
<tr>
<td>Transform Phlegm-Heat</td>
<td>lift off lemon</td>
</tr>
<tr>
<td>Transform Phlegm-Cold</td>
<td>pulsar pink</td>
</tr>
<tr>
<td>Stop Cough</td>
<td>orchid</td>
</tr>
</tbody>
</table>
Aromatic-Transform Damp gray
Food Stagnation canary
Regulate Qi ivory
Stop Bleeding cherry
Invigorate Blood green
Tonify Qi salmon
Warm Interior blue
Tonify Blood lift off lemon
Tonify Yang pulsar pink
Tonify Yin terra green
Astringent cosmic orange
Nourish Heart, Calm Spirit salmon
Settle and Calm Spirit blue cherry
Open Orifices orchid
Extinguish Wind, Stop Tremor neptune blue
Expel Parasites pink
External Use blue

**GRANULES**
- The pharmacy stocks many formulas and single herbs as granules. Typical dose is 9-10 grams per day, or about 60-70 grams per week. A teaspoon is about 2 grams and a rounded teaspoon is about 3 grams. Concentrated herb granules are available as single herbs and as prepared formulae.

**PATENTS**
- The pharmacy stocks many patents and patches. According to current information and legal regulations the pharmacy does not stock or dispense patents with known or known dangerous levels of toxic substances and/or western pharmaceuticals, or with endangered species.

5.2 Pharmacy Procedures
- Observers and Trainees fill herbal prescriptions on their clinic shift. DAOM and MSTCM Interns are responsible for filling their herbal prescriptions. The Supervisor must always check the herbs and sign the intake form at ‘herbs checked by.’
- Students fill out the Price Sheet to calculate the total price of herbs. The herbs, chart with all needed signatures, and price sheet are then submitted to Reception, where they are paid for and dispensed to the patient.
- Students should wash their hands before preparing raw herbs for patient care.
- For herb study, please see Chuan Yeung, Jung Kim or Anita Huang prior to taking herbs from the drawers. The herbs used for herb identification study will be limited for used in the pharmacy and student lounge only. If you take any herbs home for your individual study, please obtain approval from Chuan Yeung, weigh them, and pay for them at the front desk.
- Students filling herbal formulas for themself must fill out an herbal request form, obtain approval from the clinic faculty, and submit the form to the front desk. The front desk will ask the pharmacist or clinic supervisors to prepare the herbal formula (raw, patent, or powdered herbs).
- Please talk to the patients about the herb price prior to filling the herbal prescription. Some herbs are more expensive, check in advance. All herbs are non-refundable!
- Obtain the patient’s permission before prescribing an herbal formula with animal products.
Directions for using an Herb Scale

1. Hold the scale bar with your left hand.

You will see a line of measurements on the bar
These measurements are in qian
Ten lines equal one qian beginning at five qian
5........4........3........2......1.......tassel___balance___

2. Adjust the weight to the desired measurement

3. Put the herb on the scale

4. Hold the red tassel closest to your left with your right hand

5. Adjust herbs until the balance is centered

6. For large dosages (i.e. 6 qian or more) simply move the weight to the left.

Standard Measurements

1 liang = 30 grams
1 qian = 3 grams
1 fen = .3 grams
1 li = .03 grams
10 fen = 1 qian
ACTCM Herbal Rx Charge Sheet

*Practitioner*. Fill out the areas below and return to front desk for billing.

Patient:                                                        Date:
Practitioner:                                                   # of qian
Raw Herbs:                                                     

**Basic Rx:**                                                = $_______

Add $0.10 for up to 6 pieces of sheng jiang +_______
Add $0.10 for up to 6 pieces of da/hong zao+_______

**Surcharge:**                                                # of qian

<table>
<thead>
<tr>
<th>Herb</th>
<th># of qian</th>
<th>$0.35 =</th>
<th>+</th>
<th>$_______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chuan bei mu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xi yang sheng/hua qi shen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ling zhi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ren shen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San qi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tian ma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E Jiao</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huang lian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dang Gui</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chan Tui</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Price Per Bag $_______

# of bags

X_______

Total Raw Herbs $_______

**Powders: (Please write name legibly)**

<table>
<thead>
<tr>
<th>Item Name</th>
<th># Grams</th>
<th>$ / Gram</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Powders $_______

**Patents, Vitamins, Other: (Please write name legibly)**

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Quantity &amp; Description</th>
<th>Price</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Patents, Vitamins, Other $_______

Total Herbs $_______

Tax (0.095) $_______

Total Rx $_______
7.0 Clinical Records and Charting

How to Fill Out the American College of Traditional Chinese Medicine's Patient Health History Form, Patient Intake Form, and Follow Up Visit Form

Patient Health History Form

The patient on the first visit will fill out the Patient Health History Form. It is the responsibility of the practitioner to make sure the form is filled out completely. This includes verifying that the patient has signed page two at the bottom, and has given the name of their doctor. Any blank spaces should be asked about by the practitioner and filled in if an appropriate response is given, if not then the practitioner should label it as N/A (not applicable).

Patient Intake Form

It is the practitioner's responsibility to make sure that all of the following is written on the intake form even if the practitioner is only supervising the student.

Remember that IF YOU SIGN THE FORM YOU ARE RESPONSIBLE FOR THE CONTENTS.

Patient Name and Date

Chief Complaint

Review of Health History Form. If negative then the negative box should be checked. This must be done for each category. Any box that is checked on the "Current Conditions" (page three) must be asked about by the practitioner and the response by the patient must be written on the appropriate line.

Pertinent Psycho-Social History Record any major life changes that the patient informs you about. Especially, Employment: new job, loss of job; Domestic life: new partners, new child, loss of loved one, single parent, disability. Basically, note psychological, social, or economic issues that may be relevant.

Pertinent Risk Behavior: Infection screening section of current condition chart must be reviewed and filled out if appropriate or labeled N/A (not applicable).

Pulse: TCM pulse must be clearly written down and described. Please also include pulse rate per minute. This is done by counting for 15 seconds and multiplying by four. It is written like this: 80/min.

Blood Pressure: Blood pressure must be taken for every new patient with the patient in a reclining position. If the reading is high allow the patient to rest 10-15 minutes and retake. Assess the pressure on the other arm. Chart all readings and label which arm it was taken from. If the blood pressure is high, it should be repeated at the next visit and at regular intervals. If the blood pressure is abnormally high, the patient must be referred. The normal range for an adult, 18 years or older, is 100-140/60-90 mm Hg.

Temperature: Temperature must be taken for every new patient, and when a patient complains of any symptoms or shows any signs that a temperature reading may be of importance. This includes but is not limited to; patient feeling hot, acute abdominal pain, sore throat, swollen lymph glands, and any infection. Temperature must be taken and recorded next visit until a normal reading is taken.
**Weight:** Weight must be taken for every new patient, and when a patient complains of any symptoms or shows any signs that a measurement of weight would be of importance. Especially patients with recent unexplained weight loss.

**Lab** (page 6): if any lab values are reported by the patient they should be recorded as such with the date for which they were taken. You must clearly distinguish verbally reported values from values that are reported in written form and become part of the chart. For example: Patient reports that their T-cell count is 150, and was last taken on 2/10/92. This is an example of a verbally reported lab value.

**Palpate and note areas of tenderness or distention pain.** It is important that the models are used appropriately. If any mark is put on the model it must be labeled correctly. ex.: x = pain, or x = numbness.

**Problem List:** The problem list must include the presenting complaints, any underlining conditions, for which we want to treat the patient, and any other psychosocial conditions that may affect patient care.

**Biomedical Diagnosis:** The practitioner must correlate the TCM diagnosis with a biomedical diagnosis and chart accordingly. ALWAYS chart an ICD-9 code for research and insurance billing purposes.

**Acupuncture Points:** All acupuncture points used must be clearly written down in the chart. All ashi points that are needled should have an anatomical location given. If electricity is used it should be charted with the points that were used. If moxa was used it should be charted with the points that were used, and whether direct or indirect.

**Herbs/Dietary Recommendations:** All herbs written down should have amount and number of bags given. An herbal prescription and price form must also be completed and submitted to the front desk.

**Patient Education:** Any advice given to the patient by the practitioner must be written. This includes but is not limited to dietary suggestions, exercise, and avoidance of an activity. It also includes having informed the patient of the possible risks of acupuncture, herbs, and nutritional supplements.

A practitioner or student may state to the patient: "I need to talk to you about the possible effects of acupuncture. Acupuncture in general is very safe but I want you to be aware of the possible side effects and risks of acupuncture. Some possible side effects of acupuncture are bruising, numbness or tingling that may last a few days, heavy sensation, and dizziness or a light-headed feeling. Organ puncture is a risk associated with improper treatment, unusual anatomy or enlarged organs, when needleling over these sites. Infection is another possible risk, although our clinic uses disposable needles and maintains strict standards for needle insertion. Do you have any questions?

Herbs (herbal and other nutritional substances) that we recommend are in general very safe, although some may be toxic in large doses. Some herbs may be inappropriate during pregnancy. It is essential that you inform us if you are pregnant, or might be pregnant. I want you to be aware of the possible side effects in taking herbs. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea. In addition, rashes, hives, difficulty breathing, and swelling or tingling of the tongue may occur as allergic reactions to herbs. If any of those symptoms occur or you experience any condition that you feel may be related to the herbs, please stop taking the herbs immediately and call the clinic. I or another practitioner will answer any questions or concerns you might have. Do you have any questions?

Do you have any questions about the traditional Chinese diagnosis or treatment that you are about to receive?"

**Referral:** This is the space to be used if you refer the patient to another health care provider. For instance, "patient referred to Dr. Smith, (572-9876), to have dental work done" or "patient referred to
UCSF clinic, (940-4474), to have pelvic exam". When you refer the patient you should include the name of the person or place were you sent the patient and the telephone number.

**Follow-up:** Case management is essential. Prognosis and course of treatment must be discussed. It is **VERY** important that the patient has a clear idea of how many treatments are needed for their condition(s), although **NEVER GUARANTEE THAT YOU CAN CURE THEM**. For example: a patient comes to see you complaining of chronic fatigue. After your evaluation you determine that a weekly treatment for six weeks will probably help the patient feel less fatigued. What you should tell the patient is: "I feel that a weekly treatment for six weeks could help your chronic fatigue. At the sixth week I would like to re-evaluate your condition and see how you feel. At that time we can determine how acupuncture and herbs have affected your condition. Is this agreeable with you? " The treatment plan must be re-evaluated after every six to ten treatments. Chronic conditions need to be evaluated on a regular basis as well.
American College of Traditional Chinese Medicine Community Clinic

PATIENT INFORMATION (Please Print and complete in full)  New Patient  Established Patient

Name: ___________________________________________  Today’s Date: ______________________

Address: ____________________________________________________________________________

____________________________________________________  ZIP _____________________

Home Telephone #: ___________________________  Work Telephone #: ______________________

Cell# _______________________________________

Would you like to be contacted by email with informational newsletters and special clinic offers?
If Yes  Email Address: __________________________________  No

Patient Status:  Married  Single  Divorced  Widowed  Other ___________________

Birth Date:______________  Age: ________ Social Security #: _______________________

Referred to our Clinic By: ___________________________________________________________

Emergency Contact: ______________________________________  Relationship: ___________________

Emergency Contact Telephone #: _________________________________________________

Employment Status:

   Full Time  Part Time  Retired  Unemployed  Student

Occupation: ________________________________________________________________

Employer’s Name: ___________________________  Telephone #: _______________________

Employer’s Address: __________________________________________________________________

Primary Health care source

Physician’s Name: ___________________________  Telephone #: _______________________

Physician’s Address: __________________________________________________________________

Date of Injury or Onset of Illness: ___________________________________________________

Medical Insurance status:

   Self  Private Insurance  Medi-Cal  Workmen’s Comp  Other _____________

The ACTCM Community Clinic exists for the benefit of the community in our area and to support clinical instruction. To help maintain our small operating budget we ask that payment for services are made at the time of treatment. If your insurance covers acupuncture, we will bill them for you. We also accept Medi-Cal.

We would like our patients to understand that this clinic provides treatments exclusive to traditional Chinese medicine and patients who seek other modalities of diagnosis and treatment must arrange to see other appropriate practitioners. We have no Medical Doctors on staff. As this is a teaching clinic, our students participate in both the diagnosis and treatment of patients under the supervision of licensed acupuncturists.

I understand the above statements and will comply with the stated needs and requests of the clinical personnel in order to retain this unique health care service in the city of San Francisco.

Patient Signature: ___________________________  Date: ______________

Parent or Guardian Signature: ___________________________  Date: ______________
To allow us to see as many patients as possible as well as maintain our operating costs, we ask patients to provide us with **24 HOURS NOTICE WHEN CANCELLING** or rescheduling appointments. When shorter notice or a no-show occurs, the patient will be subject to a **$15 SERVICE CHARGE**, and may be put on a same day appointment basis or lose their sliding scale privileges.

Fees for treatment do not include the cost of herbs. If you do not have insurance, or if your insurance does not cover acupuncture, do you wish to be considered for the sliding scale rate?  **YES**  **NO**

If yes, what is your gross monthly income: $______________

**INSURANCE INFORMATION** (Only some insurance companies will cover acupuncture)

Primary Insurance: ___________________________________________________________________________

Insurance Billing Address: __________________________________________________________________

Policy Holders Name: _______________________________________________________________________

Telephone #: _______________________

Policy # / ID #: ___________________________________________________________________________

Group #: __________________________

Secondary Insurance: _______________________________________________________________________

Insurance Billing Address: __________________________________________________________________

Policy Holders Name: _______________________________________________________________________

Telephone #: _______________________

Policy #/ ID #: ___________________________________________________________________________

Group #: __________________________

**Medi-Cal Information**

Identification Number: ______________________________________________________________________

Issue Date : ____________________________

Insurance Responsibility Statement:

Having insurance is not a substitute for payment. Many companies have fixed allowances or percentages based on your contract with them, not with our clinic. It is your responsibility to pay the deductible, co-payment, and any other balances not paid by your insurance. We will assist you in billing your insurance company as much as possible. However, you are responsible for your bill.

Assignment and Release:

I hereby assign my insurance benefits to be paid directly to the provider of service. I understand that I am financially responsible for any non-covered services. I also authorize the provider to release any information required to process any claims.

Signed: ____________________________________________ Date: ___________________________
American College of Traditional Chinese Medicine Community Clinic - Initial Health History Form

Patient Name: __________________________ date: __________________________

Have you ever had an acupuncture treatment? When and for what reason?

________________________________________________________________________

Are you presently being treated for a medical condition? Please describe

________________________________________________________________________

Please briefly describe any chronic pain:

________________________________________________________________________

What health issue do you want treated? Please describe as fully as possible.

________________________________________________________________________

What treatment have you been using for relief of this issue?

________________________________________________________________________

Do you have other health concerns?

________________________________________________________________________

Please describe the type of foods you eat regularly:

Breakfast _________________________________________________________________
Morning Snack __________________________________________________________
Lunch _________________________________________________________________
Afternoon Snack _________________________________________________________
Dinner _________________________________________________________________
Evening Snack ___________________________________________________________

Do you exercise regularly? Yes  No

What type of exercise do you do?
American College of Traditional Chinese Medicine / Potrero Clinic- Sample Initial Health History Form

Patient Name: ______________________ date: __________________

FAMILY HISTORY Complete for each family member, placing an X in the appropriate box:

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Self</th>
<th>Mother</th>
<th>Father</th>
<th>Sister</th>
<th>Brother</th>
<th>Spouse</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancers or Tumors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney or Bladder disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach or intestinal disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression/Mental Illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at Death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MAJOR HOSPITALIZATIONS - If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalizations below.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>OPERATION OR ILLNESS</th>
<th>NAME OF HOSPITAL</th>
<th>CITY &amp; STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PREVIOUS PREGNANCIES:
Total Pregnancies Living Ectopic Misscariages Induced Abortions

MEDICINES - Mark an X in the box next to any of the following that you are now taking:

<table>
<thead>
<tr>
<th>aspirin</th>
<th>ibuprofen</th>
<th>acetaminophen(Tylenol)</th>
<th>OTHER:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>antacids</th>
<th>laxatives</th>
<th>cold tablets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>oral contraceptives</th>
<th>diet pills</th>
<th>tranquilizers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>fiber supplements</th>
<th>sleeping pills</th>
<th>hay fever tablets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>blood pressure pills</th>
<th>blood thinning pills</th>
<th>insulin, diabetic pills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

vitamins (please list)_____________________________________________
herbs (please list)_____________________________________________

DRUG ALLERGIES _____________________________________________________

HABITS: Please check any of the habits listed below which apply to you now or in the past.

<table>
<thead>
<tr>
<th>Coffee</th>
<th>Tobacco</th>
<th>Marijuana</th>
<th>Alcohol</th>
<th>Crack/Cocaine</th>
<th>Heroin</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>~yes</td>
<td>~yes</td>
<td>~yes</td>
<td>~yes</td>
<td>~yes</td>
<td>~yes</td>
<td>~yes</td>
</tr>
<tr>
<td>~no</td>
<td>~no</td>
<td>~no</td>
<td>~no</td>
<td>~no</td>
<td>~no</td>
<td>~no</td>
</tr>
<tr>
<td>cups per day/week ___ age started</td>
<td># cigarettes per day ___ age started</td>
<td>use per day/week ___ age started</td>
<td>use per day/week ___ age started</td>
<td>use per day/week ___ age started</td>
<td>use per day/week ___ age started</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>age quit</td>
<td>age quit</td>
<td>age quit</td>
<td>age quit</td>
<td>age quit</td>
<td>age quit</td>
<td></td>
</tr>
<tr>
<td>Patient Name: __________________________</td>
<td>Date: __________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### General

<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Appetite
- Insomnia
- Fatigue
- Chills
- Localized weakness
- Change in appetite
- Dizziness
- Slight dizziness
- Headache
- Migraine
- Vertigo
- Vision changes
- Poor night vision
- Sore throat
- Earache
- Sinus infection
- Hay fever or allergies
- Grinding teeth
- Difficulty swallowing

### Cardiovascular

<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- High blood pressure
- Low blood pressure
- Palpitations
- Fainting
- Chest pain
- Irregular heart beat
- Cold hands/feet
- Swelling of hands/feet

### Respiratory

<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Asthma
- Bronchitis
- Chronic obstructive pulmonary disease
- Coughing blood
- Production of phlegm

### Gastro-Intestinal

<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Nausea
- Vomiting
- Diarrhea
- Belching
- Blood in stools/black stools
- Bad breath
- Rectal pain
- Hemorrhoids
- Constipation
- Pain or cramps
- Indigestion
- Gall bladder disorder
- Gas
- Other

### Genito-Urinary

<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Kidney stones
- Pain on urination
- Frequent urination
- Blood in urine
- Urgency to urinate
- Unable to hold urine

### Psychologcal

<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Depression
- Anxiety / Stress
- Irritability
- Treated for emotional / psychological problems

### Infection Screening

<table>
<thead>
<tr>
<th>Male</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Frequent Urinary tract infections
- Frequent vaginal infections
- Pain/itching of genitalia
- Genital lesions / discharge
- Pelvic inflammatory disease
- Abnormal Pap Smear
- Irregular periods
- Painful menstrual periods
- Premenstrual syndrome
- Abnormal bleeding
- Menopausal syndrome
- Breast lumps
- Other

<table>
<thead>
<tr>
<th>Female</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Frequent Urinary tract infections
- Frequent vaginal infections
- Pain/itching of genitalia
- Genital lesions / discharge
- Pelvic inflammatory disease
- Abnormal Pap Smear
- Irregular periods
- Painful menstrual periods
- Premenstrual syndrome
- Abnormal bleeding
- Menopausal syndrome
- Breast lumps
- Other
I consent 10 acupuncture treatments and other procedures associated with Traditional Chinese Medicine by the member of the Clinic Medical Staff (Licensed Acupuncturist, Guest Acupuncturist, Student Intern, or Trainee) named below and/or other member of the Clinic Medical Staff. I have discussed the nature and purpose of my treatment with the member of the Clinic Medical Staff named below.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needle sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue.

I understand that the herbs need to be prepared and the tea consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the Clinic Medical Staff of any unanticipated or unpleasant effects associated with the consumption of the herbal teas.

I will notify the Clinic Medical Staff member who is caring for me if I am or become pregnant.

I do not expect the Clinic Medical Staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the Clinic Medical Staff to exercise judgment during the course of treatment which the Clinic Medical Staff thinks at the time, based upon the facts then known, is in my best interests.

I understand the clinical medical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

To be completed by patient (or by patient’s representative if the patient is a minor or is physically or legally incapacitated) To be completed by the member of the Clinic Medical Staff providing information and obtaining consent.

Print Name of Patient ____________________________ Print Name of Clinic Medical Staff ____________________________

Signature of Patient (or Representative) ____________________________ Signature of Clinic Medical Staff ____________________________

(Print Name of Patient or Representative) ____________________________ (Print Name of Witness/Translator) ____________________________

Date Consent Completed ____________________________ (Signature of Witness/Translator) ____________________________
American College of Traditional Chinese Medicine Clinic
Sample form

PATIENT NAME: __________________________ date: _______________________

The ACTCM Community Clinic exists for the benefit of the community in our area and to support clinical instruction. To help maintain our small operating budget we ask that payment for services are made at the time of treatment. If your insurance covers acupuncture, we will bill them for you. We also accept Medi-Cal.

We would like our patients to understand that this clinic provides treatments exclusive to traditional Chinese medicine and patients who seek other modalities of diagnosis and treatment must arrange to see other appropriate practitioners. We have no Medical Doctors on staff. As this is a teaching clinic, our students participate in both the diagnosis and treatment of patients under the supervision of licensed acupuncturists.

Certain adverse effects may result from treatment. These could include but are not limited to, some local bruising, minor bleeding, fainting, temporary pain or discomfort, and the possible temporary aggravation of symptoms existing prior to acupuncture treatment. Because of the possibility of drug interaction with herbal formulas, we require our patients to inform the practitioner of any medications they may be taking, including any dietary supplements and herbs. **Herbal formulas and acupuncture points may have effects on pregnancy. Patients must inform the practitioner of any possibility of pregnancy.**

The confidentiality of the patient is maintained at all times by students, faculty, and staff. It should be noted that acupuncture treatments are performed with sterile disposable needles that are thrown away after one use.

To allow us to see as many patients as possible as well as maintain our operating costs, we ask patients to provide us with **24 HOURS NOTICE WHEN CANCELLING** or rescheduling appointments. When shorter notice or a no-show occurs, the patient will be subject to a **$15 SERVICE CHARGE**, and may be put on a same day appointment basis or lose their sliding scale privileges.

Fees for treatment do not include the cost of herbs. If you do not have insurance, or if your insurance does not cover acupuncture, do you wish to be considered for the sliding scale rate? YES □ NO □

If yes, what is your gross monthly income: $_______________

I understand the above statements and will comply with the stated needs and requests of the clinical personnel in order to retain this unique health care service in the city of San Francisco.

Patient Signature: ___________________________ Date: ______________

Parent or Guardian Signature: ___________________________ Date: ______________
SAMPLE FORM FOR CONSENT TO USE AND PUBLICATION OF CLINICAL DATA AND CONTENTS OF PATIENT RECORDS FOR STATISTICAL PURPOSES, RESEARCH AND PUBLICATION

I, __________________(print patient’s name) authorize The American College of Traditional Chinese Medicine and members of its Clinic Medical Staff, faculty and students to review my records for the purpose of collecting statistical data or pertinent clinical information for the purposes of research, publication, education and case review. I give my permission and consent to the publication of statistical and/or clinical data obtained from my records. I understand that all patient records are protected by clinic protocols and confidentiality agreements. I also understand that I will never be identified as the source of this information and that if any particulars of my case are used for the purposes of publication all possible clues to my identity will be disguised or altered. I understand that there is the remote possibility of being accidentally identified as the source of the clinical data but that the way this information is handled makes the risk very small.

Patient Signature

Date Signed
ACTCM Community Clinic

SAMPLE FORM OF PATIENT’S CONSENT FOR THE PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I, __________________________________________________ Give

Consent to ACTCM Community Clinic the use and disclosure of my individual identifiable health information or Protected Health Information for the specific purposes:

I) Providing treatment to me;
II) Relating to the payment of the services this office has rendered to me; and
C. The general administrative operation this practice provides to me

The purpose of this consent:
Protected Health Information is any information includes:

III) Demographic information
IV) Information gathered by this practice as it relates to my past, present and future physical or mental health or condition.
V) Information gathered by this office for past, present or future payments for providing the healthcare services.
VI) Healthcare operations purposes will include quality assessment activities, credentialing, business management and other general operations procedures or activities.

I understand I have the right to request a restriction on the use and disclosure of my protected Health Information for the purposes of treatment; payment of healthcare operation of the Acupuncture practice, but the Practice is not required to agree to these restrictions. However, if the Practice agrees to a restriction that I request, the restriction is binding on the Practice.

I understand I have the right to read and discuss the Notice of Privacy Polices and Procedures form this acupuncture practice before I sign this consent form regarding the use and disclosures of my Protected Health Information.

I have the right to revoke this consent, in writing, at any time except to the extent that the acupuncturist or the Practice has acted in reliance on this consent.

_________________________________________ Date _____________________
Signature of Patient or Personal Representative
_________________________________________ Date _____________________
Description of Personal Representative’s Authority
Our office is dedicated to providing service with respect for human dignity. Protecting your privacy and your healthcare information is fundamental in the course of our relationship. *This notice will remain in effect until it is replaced or amended by changes in law.*

We gather personal information and health information in several ways:

- Information we receive from you;
- Information we receive from other healthcare providers; and
- Information we receive from third party payers.

This information is used for treatment, payment and healthcare operations.

You should be aware that during the course of our relationship with you we will likely use and disclose health information about you for the treatment, payment, and healthcare operations.

You may specifically authorize us to use protected health information for any purpose or to disclose your health information by submitting the authorization in writing. Such disclosure will be made to any personal representation you choose to have your protected health information.

**Marketing**

This office will not use your health information for marketing communications without your written authorization. However, this office may send birthday cards, newsletters and appointment reminders, by telephone calls, or mail.

**Disclosure**

This office may use or disclose your Protected Health Information when required by law.

**Patient Rights**

VII) Upon written request you have the right to access, review or receive copies of your healthcare records. There is a copy fee of $15 and with 10 working days to process it.

VIII) Upon written request you have the right to receive a list of items this office disclosed about your healthcare information.

IX) You have the right to request that this office place additional restrictions on disclosure of your Protected Health Information.

X) You have the right to request that we amend your Protected Health Information; the request must be in writing.

5. You have a right to receive all notices in writing.

If you have questions, complaints or want more information, please contact this office.

Contact: Anita Huang
Telephone 415-282-9603 Ext. 32
Address: 455 Arkansas Street San Francisco CA 94107
Send written complaints to the U.S. Department of Health and Human Services.
SAMPLE FORM OF ACKNOWLEDGEMENT
OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, __________________________, have read, reviewed, understand and agree to the statement of the Privacy Policy for healthcare services in this office.

________________________________________

This practice has attempted to provide each patient with a statement of Privacy Policies.

________________________________________

Patient Signature ____________________________

Date______________________________________
ACTCM PATIENT INITIAL INTAKE SAMPLE FORM
(Note to all practitioners: All spaces must be filled in)

CHART #:_____________________

PATIENT: ___________________________ Age: __________ M F DATE: __________

I) SUBJECTIVE

Chief Complaint:

<table>
<thead>
<tr>
<th>Chills/Fever:</th>
<th>Time of Day/ Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diaphoresis:</td>
<td>Time of Day/ Night</td>
</tr>
<tr>
<td>Urination:</td>
<td>Bowel Movement</td>
</tr>
<tr>
<td>Appetite:</td>
<td>Food Preferences:</td>
</tr>
<tr>
<td>Diet:</td>
<td></td>
</tr>
<tr>
<td>Eyes:</td>
<td>Ears:</td>
</tr>
<tr>
<td>Sleep:</td>
<td>Libido:</td>
</tr>
<tr>
<td>Hospitalizations/ Medications/ Surgeries:</td>
<td></td>
</tr>
<tr>
<td>Bearing &amp; Lifestyle:</td>
<td>Pertinent Psycho-Social History:</td>
</tr>
<tr>
<td>General:</td>
<td>Pertinent Risk Behaviors:</td>
</tr>
</tbody>
</table>

REVIEW OF HEALTH HISTORY FORM
If Negative check
<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and Neck</td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
</tr>
<tr>
<td>Throat/Mouth</td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
</tr>
<tr>
<td>Chest/Respiratory</td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
</tr>
<tr>
<td>G.I./Abdomen</td>
<td></td>
</tr>
<tr>
<td>Neurological</td>
<td></td>
</tr>
<tr>
<td>Male Urogenital</td>
<td></td>
</tr>
<tr>
<td>Female Urogenital</td>
<td></td>
</tr>
<tr>
<td>Breasts</td>
<td></td>
</tr>
<tr>
<td>Menses</td>
<td></td>
</tr>
</tbody>
</table>

Age of Menarche: ______ Date of Last Menstrual Period: ______________ Interval since previous: ______________
Duration (Days of flow): ______________ Amount: ______________ Clots: ______________
Current methods of contraception: ___________________________ Pertinent contraception history: __________________
Date of menopause: __________________________ Any bleeding since? __________________
Is patient currently pregnant? Yes No EDC____________________________

Pertinent current pregnancy history: __________________________________________
Sample Form
<table>
<thead>
<tr>
<th>Negative</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal</td>
<td>______________________</td>
</tr>
<tr>
<td>Date of Onset: __________________</td>
<td>Location of Pain: __________________</td>
</tr>
<tr>
<td>Duration: __________________</td>
<td>Frequency: __________________</td>
</tr>
<tr>
<td>Intensity: 1 2 3 4 5 6 7 8 9 10 (10 is most severe)</td>
<td>__________________</td>
</tr>
<tr>
<td>Aggravating Factors:</td>
<td>__________________</td>
</tr>
<tr>
<td>Relieving Factors:</td>
<td>__________________</td>
</tr>
<tr>
<td>Treatment to Date:</td>
<td>__________________</td>
</tr>
</tbody>
</table>

II) OBJECTIVE

Pulse:

Physical Exam:

Tongue:

BP: _________ / _________

Temp: ___________________  Weight: _____________________

III) ASSESSMENT

TCM DIAGNOSIS:

ZANG FU: __________________

Eight Entities: __________________

Six Evils: __________________ Meridians: __________________

BIOMEDICAL DIAGNOSIS: __________________

CHART #: ____________________
Sample Form

IV) TREATMENT PLAN

TREATMENT PRINCIPLE:

POINTS:

- No Acupuncture Given (  )
- TUI NA (  )
- MOXA (  )
- CUPPING (  )
- ELECTRIC (  )

AURICULAR POINTS:

HERBS:

- NO HERBS GIVEN (  )

HERBS FILLED BY:______________          HERBS CHECKED BY:________________

DIETARY RECOMMENDATIONS:

PATIENT EDUCATION:

REFFERRAL:

FOLLOW-UP RETURN TO CLINIC:

REQUIRED SIGNATURES:

* Intern ____________________ AND Supervising L.Ac. ______________________

OR

* L.Ac. (with observers, trainees, or private practice) __________________________
Case Management Evaluation Form

To be completed for every new patient and RETURN PATIENTS EVERY THREE MONTHS.

Date: ___/___/___

Name of Patient:
___________________________________________________________

Chief Complaint:
___________________________________________________________

Course of Treatment: ___________________________ / ___________________________ / ___________________________
(Number of Treatments/Frequency of Treatment) week or month

***DATE OF NEXT EVALUATION: ____/___/___
(THREE MONTHS FROM TODAY’S DATE)

SPECIFIC TREATMENT TO BE FOLLOWED IF ANY:

___________________________________________________________
___________________________________________________________
___________________________________________________________

SPECIFIC HERBS OR FORMULA TO BE FOLLOWED IF ANY:

___________________________________________________________
# ACTCM FOLLOW UP VISIT SAMPLE FORM
(Note to all practitioners: All spaces must be filled in)

<table>
<thead>
<tr>
<th>CHART #:</th>
<th>___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT:</td>
<td></td>
</tr>
</tbody>
</table>

**I) SUBJECTIVE**

*Chief Complaint:*

<table>
<thead>
<tr>
<th>Pulse:</th>
<th>Physical Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tongue:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BP:</th>
<th>Temp: _____________________</th>
<th>Weight: _________________________</th>
</tr>
</thead>
</table>

**II) OBJECTIVE**

<table>
<thead>
<tr>
<th>Physical Exam:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**III) ASSESSMENT**

**TCM DIAGNOSIS:**

*ZANG FU:*

<table>
<thead>
<tr>
<th>Eight Entities:</th>
<th>Meridians:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Six Evils:*

<table>
<thead>
<tr>
<th>BIOMEDICAL DIAGNOSIS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
IV) Sample TREATMENT PLAN

TREATMENT PRINCIPLE:

<table>
<thead>
<tr>
<th>POINTS:</th>
<th>No Acupuncture Given ( )</th>
<th>TUI NA ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MOXA ( )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CUPPING ( )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ELECTRIC ( )</td>
</tr>
</tbody>
</table>

AURICULAR POINTS:

HERBS: NO HERBS GIVEN ( )

HERBS FILLED BY:___________            HERBS CHECKED BY:___________

DIETARY RECOMMENDATIONS:

PATIENT EDUCATION:

REFFERRAL:

FOLLOW-UP RETURN TO CLINIC:

REQUIRED SIGNATURES:

* Intern ____________________ AND Supervising L.Ac. ______________________

OR

* L.Ac. (with observers, trainees, or private practice) ___________________________
<table>
<thead>
<tr>
<th>Code</th>
<th>Condition</th>
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</thead>
<tbody>
<tr>
<td>783.1</td>
<td>Abnormal Weight Gain</td>
</tr>
<tr>
<td>783.2</td>
<td>Abnormal Weight Loss</td>
</tr>
<tr>
<td>695.3</td>
<td>Acne</td>
</tr>
<tr>
<td>305.0</td>
<td>Addiction - Alcohol Abuse</td>
</tr>
<tr>
<td>304.2</td>
<td>Addiction - Cocaine</td>
</tr>
<tr>
<td>305.1</td>
<td>Addiction - Tobacco/Nicotine</td>
</tr>
<tr>
<td>708</td>
<td>Hives</td>
</tr>
<tr>
<td>708.9</td>
<td>Hives</td>
</tr>
<tr>
<td>251.2</td>
<td>Hypoglycemia</td>
</tr>
<tr>
<td>458.0</td>
<td>Hypotension</td>
</tr>
<tr>
<td>224.9</td>
<td>Hypothyroid</td>
</tr>
<tr>
<td>302.7</td>
<td>Impotence</td>
</tr>
<tr>
<td>303.7</td>
<td>Indigestion</td>
</tr>
<tr>
<td>628.9</td>
<td>Infertility-Female</td>
</tr>
<tr>
<td>606.9</td>
<td>Infertility-Male</td>
</tr>
<tr>
<td>487.1</td>
<td>Influenza</td>
</tr>
<tr>
<td>780.5</td>
<td>Insomnia</td>
</tr>
<tr>
<td>780.51</td>
<td>Insomnia w/ Sleep Apnea</td>
</tr>
<tr>
<td>726.9</td>
<td>Irregular Menstrual Cycle</td>
</tr>
<tr>
<td>627.9</td>
<td>Menopausal Disorder</td>
</tr>
<tr>
<td>726.2</td>
<td>Menorrhagia</td>
</tr>
<tr>
<td>726.3</td>
<td>Menstrual Cramps</td>
</tr>
<tr>
<td>787.02</td>
<td>Nausea</td>
</tr>
<tr>
<td>787.03</td>
<td>Nausea</td>
</tr>
<tr>
<td>626.9</td>
<td>Uterine Bleeding</td>
</tr>
<tr>
<td>626.8</td>
<td>Uterine Bleeding</td>
</tr>
<tr>
<td>616.10</td>
<td>Vaginitis</td>
</tr>
<tr>
<td>719.42</td>
<td>Knee / Leg</td>
</tr>
<tr>
<td>724.3</td>
<td>Sciatica</td>
</tr>
<tr>
<td>724.6</td>
<td>Sacroiliac</td>
</tr>
<tr>
<td>840.9</td>
<td>Shoulder</td>
</tr>
<tr>
<td>842.0</td>
<td>Wrist / Hand</td>
</tr>
<tr>
<td>786.09</td>
<td>Weakness of Breath</td>
</tr>
<tr>
<td>786.09</td>
<td>Weakness of Breath</td>
</tr>
<tr>
<td>845.0</td>
<td>Ankle/Foot</td>
</tr>
<tr>
<td>847.0</td>
<td>Neck</td>
</tr>
<tr>
<td>847.1</td>
<td>Neck</td>
</tr>
<tr>
<td>847.2</td>
<td>Neck</td>
</tr>
<tr>
<td>524.60</td>
<td>TMJ</td>
</tr>
<tr>
<td>780.8</td>
<td>Tension</td>
</tr>
<tr>
<td>780.8</td>
<td>Tension</td>
</tr>
<tr>
<td>788.1</td>
<td>Urination-Painful</td>
</tr>
<tr>
<td>845.0</td>
<td>Ankle/Foot</td>
</tr>
<tr>
<td>847.2</td>
<td>Lumbar</td>
</tr>
<tr>
<td>847.0</td>
<td>Shoulder</td>
</tr>
<tr>
<td>840.9</td>
<td>Shoulder</td>
</tr>
<tr>
<td>847.1</td>
<td>Thoracic</td>
</tr>
<tr>
<td>842.0</td>
<td>Wrist / Hand</td>
</tr>
</tbody>
</table>
8.0 Mandatory Reporting

7.1 Domestic Abuse

- Domestic violence is a pattern of assaultive and coercive behaviors (physical, sexual, and psychological) used by men and women against their straight or gay intimate partners. Patients often access the health care system for injuries and illnesses resulting from the physical and emotional trauma. Without intervention, the violence usually escalates in frequency and severity.

- Screen all patients for domestic violence: “Because violence is so common in many people’s lives, and results in serious health problems, I ask all my patients about it. Can you tell me, did someone cause the injuries/illness you’re being treated for today? Are you in a relationship with a person who physically hurts or threatens you?

History suggesting domestic violence:
- Traumatic injury, sexual assault.
- Suicide attempt, overdose, stress-related symptoms.
- Problems or injuries during pregnancy.
- Delay in seeking care, repeat visits, vague complaints.

Behavioral clues:
- Evasive, reluctance to speak in front of partner.
- Overly protective or controlling partner.

Physical clues:
- Physical injuries, multiple or old injuries.

Send important messages to patient:
- Help is available.
- Options exist.
- She/he is not to blame for the abuser’s actions.
- You are concerned.

Take a domestic violence history:
- Past history of domestic violence, sexual assault.
- Perpetrator abusing any children?

Assess safety:
- Is it safe to go home?
- Can they stay with family or friends, or need a shelter?
- Do they want police intervention?

Make referrals:
- Involve social worker if available.
- Provide a list of shelters, resources, and hotline numbers.
- 24 hour crisis numbers in SF:
  Women, Inc. (415) 864-4722/ CUAV (gay & bisexual men) (415) 333-HELP
  National Hotline 1-800-799-SAFE

Document Findings:
- Record patient’s own words regarding abuse.
- Use body map to document old and new injuries.
Reporting:

- Notify Dean of Clinics immediately if you suspect Domestic violence.
- California law requires that health care providers treating a physical injury resulting from domestic violence send written and verbal report.
- If patient requests police intervention, call (415) 553-0123.
- If patient does not want police intervention, leave voice-mail at (415) 553-9220, and complete a written form. Police will not investigate.

See Appendix for Reporting Responsibilities for Licensed Acupuncturists.

7.2 Child Abuse and Neglect Reporting Law

- The following situations are reportable conditions:
  - Physical abuse.
  - Sexual Abuse.
  - Child exploitation, child pornography, child prostitution.
  - Neglect.
  - Extreme corporal punishment resulting in injury.
  - Willful cruelty or unjustifiable punishment.

- Health care practitioners are legally mandated reporters.

- Notify Dean of Clinics immediately if you suspect Child abuse/neglect.

- A telephone report must be made immediately when the reporter observes a child in his/her professional capacity where there is reasonable suspicion of abuse. A written report must be sent within 36 hours after the telephone report has been made.

- The health care practitioner has a choice of reporting to the Police or Sheriff’s Department or to the County Child Protective Services. The mandated reporter’s name is kept confidential unless a court orders the information disclosed.

- Legally mandated reporters can be criminally liable for failing to report suspected abuse.
9.0 Risk Management Program

8.1 Purpose

The purpose of this Program is fourfold:

1. This program is intended to reduce the risk of injury in the work environment at ACTCM. The faculty, staff, and patients at ACTCM have a right to a safe work environment, free of preventable risk.

2. This program is designed to implement a proactive ongoing effort to administer Risk Management and hazard abatement program. Such a hazard abatement program will enable the administration of ACTCM to monitor the activities and work conditions at the institution and correct any new problems as they arise.

3. This program explicitly defines all responsibilities and risk management procedures, so that all employees understand the role they play in the risk management program. While no risk management program will function without the ongoing good judgement on the part of those employed at the institution, such a program will enable the employees of ACTCM complete the work of the institution with a minimum of risk.

4. This program serves as the compliance program of ACTCM pursuant to Title 8 of the California Code of Regulations, Section 3203. This program will be available to all employees in the administrative offices of:

American College of Traditional Chinese Medicine
450 Connecticut Street
San Francisco, CA  94107

8.2 Primary Goal

The goal of the Risk Management Program is to reduce the risk to employees at ACTCM to the lowest possible level. It is a fundamental principle of the Risk Management Program that no risk is an acceptable part of the work environment. It is the policy of ACTCM and the guiding principle of this program that safety is the first and primary consideration in all policies and procedures. No policy or procedure will be considered without considering safety first. Whenever there is a conflict between a policy or procedure and safety, the safety aspect of any decision will be given first priority.

It is the policy of ACTCM that no employee is to perform a task that is inherently unsafe, unless a safe method of completing a task can be found. Any employee that is asked to perform an unsafe task has the right and the responsibility to point out that the task in question is unsafe under the conditions at hand. An employee has the right to request assistance with making modifications in the task to make its completion in as safe a manner as possible.

A guiding principle of the Risk Assessment Program is that this Program can only reduce the probability of an unintended outcome, not the extent or nature of the unintended outcome itself. The administration of ACTCM is dedicated to the goal of reducing the probability of an unintended outcome, that is an accident in the workplace.

8.3 Responsibility

The Dean of Clinics administers the Risk Management program. In this capacity, the Clinic Dean has the responsibility for the following:

1. Implement all parts of the risk management program;
2. Complete hazard assessments and accident reports as required by the program;

3. Complete the log and summary of occupational injuries and illness as mandated by the U.S. Department of Labor;

4. Update this program and develop new programs as dictated by changes in statute or working conditions of this institution.

6. Complete all training programs mandated by the program;

7. Evaluate safety performance of all workers;

8. Develop and implement programs recognizing ongoing safety performance;

9. Perform disciplinary and enforcement functions outlined in the program.

8.4 Compliance

All employees, including administrators and faculty, of ACTCM are required to comply with all regulations of the risk management program. Compliance includes but is not limited to:

1. Compliance with all the rules and regulations of the program;

2. Reporting to the Dean of Clinics any incident or injury that occurs while in the employment of the institution;

3. Responding fully to any ongoing accident investigation by the Dean of Clinics or the Dean’s designate;

4. In an emergency or with respect to a safety related issue, comply with the instructions of the Dean or appropriate emergency personnel, such as police, emergency medical personnel, fire personnel, at the site of the emergency on behalf of the institution.

8.5 Disciplinary Measures

1. In the event that an employee violates any provision of this Risk Management Program the Dean of Clinics shall review the nature of the violation with the individual involved and provide a written record of the session to the Risk Management records and the personnel files of the individual involved.

2. In the event of a repeat of the problem, a second written warning will go into the individual personnel file. The Dean of Clinics will again review the problem with the individual. The individual's immediate supervisor will be notified.

3. A third violation results in probationary status for the employee.

4. A fourth violation may at the discretion of the Dean and the President result in termination.

8.6 Communication

The Dean of Clinics has the responsibility for training all employees, including administrative personnel and faculty, regarding the policies and procedures of the Risk Management Program. Communication may take the form of but is not limited to the following:
Upon approval of this program, the Dean of Clinics will orient all existing employees.

Each new employee will receive as part of their new employee training an orientation to the policies and procedures of the risk management program. This training program will cover safety procedures, emergency procedures, accident and incident reporting procedures, and disciplinary policies. As part of each employee's orientation, they receive a copy of this Risk Management program. Both the Dean and the individual employee sign an Orientation Documentation Form.

Part of any successful Risk Management Program is the collective assessment of risk involving the participation of all employees. Each and every member of the ACTCM community will be encouraged to contribute to the safety program without the risk of reprisal. This includes criticism of existing policy where an individual feels that the current policy is not in the best interest of the safety in the workplace.

The Dean of Clinics schedules and conducts regular safety meetings and documents the completion of and results from these meetings.

The Dean of Clinics conducts a review of the Risk Management Program annually or when change in policy warrants such a review.

The Dean of Clinics is responsible to make sure that all required employee information is posted in the workplace in a timely manner. This reporting must meet all requirements as described in Title 8 of the California Code of Regulations, Section 3203.

The Dean of Clinics will complete and post the log and summary of occupational injuries and illnesses. The completed log is filed with the U.S. Department of Labor. This section is posted on the wall in the employee eating area.

Employees have the right to all medical records, including records of exposure to any toxic substances at the institution.

8.7 Hazard Assessment and Correction

In order to insure that the workplace environment is as safe as possible, an institution wide inspection will be made at least every six months. The inspection will be made under the supervision of the Dean of Clinics and will be done to determine if there are any unacceptable working conditions in the institution. These inspections will be documented.

The first inspection will take place on approval of this Risk Management Program. Subsequent inspections will take place at no more than six-month intervals. The Clinic Dean for the following reasons can schedule inspections:

1. Upon the initiation of new procedures or conditions that potentially increase workplace hazards;

2. Upon recognition of a new hazard by any employee.

3. When an accident or incident occurs;

4. Whenever workplace conditions warrant an inspection not sited above.

Hazard assessment inspections can be made at any site within the institutions, including:

1. Classrooms;

2. Administrative offices;
3. Clinic;
4. Storage facilities;
5. Vehicles used for institutional business.

Areas of hazard include but are not limited to:

1. Fire hazard
2. Toxic chemical
3. Lifting hazard
4. Earthquake damage hazard
5. Falling materials hazards
6. Electrical hazard
7. Traffic flow hazards, including slips and falls
8. VDT hazard
9. Biohazard
10. Workplace hazards other than the above.

Inspections are to be documented on the Hazard Assessment and Correction Record.
SAMPLE FORM

Hazard Assessment and Correction Record

Date of Inspection: ________________
Inspector’s Name: _____________________
Location of Hazard: _______________________
Nature of Hazard: _______________________

Proposed Corrective Action: _______________________

Approved By: _______________________

Corrective Action Taken: _______________________

_________________________________________
8.8 Accident/Exposure Investigation

In the event of an accident or hazardous exposure, the Dean of Clinics is responsible to:

1. Complete any emergency procedures needed;
2. Complete an accident investigation;
3. Take any agreed upon corrective actions;
4. Complete all relevant paperwork needed.

The accident or hazard exposure investigation must be initiated for any of the following reasons:

1. Any unintended incident in the workplace that results in injury to employees, faculty or loss of institutional property;
2. Any incident that results in an increase in hazard to employees, faculty or institutional property;
3. Any incident that results in injury to a patient or student;
4. Any incident that results in an increased hazard to patients or students.

8.9 Training and Instruction

All employees shall in the course of their employment receive training with respect to occupational hazards. This training will be made available at the following times:

1. When this Risk Management Program is initiated;
2. When the worker does work for the institution, even if the worker does not have permanent status, unless a contractor employs the worker that provides own training;
3. When the employee first joins the institution;
4. When the employee starts a new position that changes the risks that the employee is exposed to;
5. Whenever new hazards or exposures are introduced into the workplace, even if the employees have been previously trained at the position;
6. Whenever the employer is made aware of a new or previously unrecognized hazard;
7. When the employee is promoted and now supervises an area with hazards other than when the individual was last trained.

This training includes but is not limited to:

1. Implementation and maintenance of the Risk Management Program;
2. Emergency and fire prevention Procedures;
3. Provisions for medical services and first aid, including emergency procedures;
4. Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills,
5. Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels;

6. Proper reporting of a hazard or accident to the Dean of Clinics;

7. Hazard communication, including worker awareness of potential chemical hazards and proper labeling of containers;

8. Proper storage and handling of toxic and hazardous substances, including prohibiting eating or storing food and beverages in areas where they can be come contaminated by chemicals or biological contamination.
SAMPLE FORM

New Employee Orientation Record

Employee’s Name: _________________________________

Initial Date of Employment: __________________________

Date Completed: ________________________________

_________ Employee has received a copy of the Risk Management Program

_________ Employee has completed the new employee safety orientation.

_________ Dean of Clinics has reviewed all emergency procedures with employee.

_________ Employee has been shown emergency routes

_________ Employee has been shown location of first aid kits and fire extinguishers.

_________ Employee has received an orientation from the CEO on security.

Employee Signature: _________________________________

Date: ________________________________

Dean of Clinics Signature: _________________________________

Date: ________________________________
8.10 Hazard Communication Program

As part of the Risk Management program ACTCM has a hazard communication program to communicate the chemical hazards in the workplace at the college, clinic and all relevant sites, including storage sites. This information is provided to all employees exposed to any hazardous chemicals and consists of this program and Material Safety Data Sheets (MSDS) provided from the manufacture of any chemical covered by this section of the Risk Management Program. The following will be covered as part of the Hazard Communication Program:

1. Container Labeling

2. Material Safety Data Sheets

3. Employee Information and Training

4. Inventory of Hazardous Substances

5. Hazardous Non-Routine Tasks

6. Relations with Contractors Performing Work at ACTCM.

The Dean of Clinics must insure that all applications involving a specific substance is consistent with the safe handling of a substance as outlined in the relevant Material Safety Data Sheet.

As part of the Hazard Communication program, each employee will receive the following information:

1. An overview of the requirements contained in the Hazard Communication regulation.

2. The identity and location of any hazardous chemicals in each employee's environment.

3. The location and availability of the Hazard Communication Program, including any Material Safety Data Sheets.

4. The physical and health effects of all hazardous substances

5. Proper handling of all hazardous substances.


7. Exposure prevention methodologies.

8. Emergency and first aid procedures for exposure to any hazardous substances.

9. How to read safety labels and Material Safety Data Sheets.

Training and orientations are conducted at the intervals indicated above by the Clinic Dean or designate. Upon completion of any training session, the Clinic Dean completes a written record that goes into the employee’s file.
Employee Hazard Communication Training Record

Name of Employee____________________________________________________

Date of Training____7/28/2013__________________

Description of Training:  ANNUAL OSHA/Blood borne & Airborne pathogen and HIAPP TRAINING

Name of Trainer  ____________________________

Signature of Employee______________________________

Signature of Trainer______________________________

Signature of  Dean of Clinics if other than Trainer______________________________
The hazardous chemical used at ACTCM is 2-propanol, 70 % (isopropanol).

Stability: The material is stable.

Conditions to Avoid: Heat and Flame.

Incompatibilities: Store away from oxidizers.

Precautions To Be Taken In Handling and Storage: Store at room temperature.

Routes of Entry:
*Inhalation*: Yes
*Skin*: Yes
*Ingestion*: Yes

Health Hazards (Acute and Chronic): Slightly toxic. Ingestion may cause drowsiness and loss of consciousness. Stomach cramps, pain, vomiting and diarrhea may also occur. Widespread and prolonged exposure may result in absorption of harmful amounts, particularly in infants. Inhalation of low concentrations may cause mild irritation of nose and throat. Concentrations above the TLV may cause local redness, dryness and cracking of the skin.

Carcinogensity: No

NTP: No

IAEC Monographs: No

OSHA Regulated: Yes

Signs and Symptoms of Exposure: Symptoms of overexposure include: CNS disturbance, dizziness, photophobia, headache, coma and death. Isopropanol is a good de-fatting agent and prolonged exposure to the skin will cause redness, drying and irritation.

Medical Conditions Generally Aggravated by Exposure: Impaired kidney and liver function may be aggravated by exposure to alcohols. Pre-existing eye, skin and respiratory conditions may also be aggravated.

Emergency and First Aid Procedures: In case of eye contact, flush with water and get medical attention if irritation persists. In case of skin contact, remove contaminated clothing and flush with water. Get medical attention if irritation persists. In case of ingestion do not induce vomiting if patient is unconscious or extremely drowsy. Otherwise administer 2 glasses of water and induce vomiting. Get immediate medical attention even if symptoms improve.

Precautions for Safe Handling and Use

Steps To Be Taken In Case of Spill Or Release: Remove all sources if ignition, absorb with a suitable absorbent (such as paper towels) and dispose.

Waste Disposal Method: The preferred disposal method is incineration. Many localities restrict the amount of 2-propanol that may be flushed down the drain. Insure compliance with all government regulations.

Control Measures
Respiratory Protection: Generally not needed.

Ventilation: Ordinary mechanical ventilation is usually sufficient.

Protective Gloves: Usually not required.
Eye Protection: Not required by laboratory safety goggles or similar products are recommended as part of good laboratory practice.

Other protective Clothing or Equipment: Usually not required.

Work/Hygienic Practices: Wash well after handling, especially before eating or smoking.

Informing Contractors

Any outside contractor performing work at ACTCM must be informed of any hazardous chemicals they may be exposed to at the job site.

The contractor in question must be informed of any safety precautions needed when working around any hazardous chemical at the work site.

The Dean of Clinics shall inform any contractor on site of the above two points. In the event that a contractor has questions regarding hazards at ACTCM, all questions are to be directed to the Dean of Clinics. In the event the Dean of Clinics is not available, questions are to be directed to the DAOM and MSTCM Deans.

8.11 Record Keeping

In order to comply with Title 8 of the California Code of Regulations, Section 3203, the following records are kept at the administrative offices for one year.

1. Records of hazard assessment inspections;

2. Documentation of safety and health training for each worker.
For those employees who are employed less than one year, copies of training documentation is provided to the employee on termination of employment at the request of the employee.

Biohazard training records are to be kept three years pursuant to section 5193 of the California Code of Regulations, Title 8.

A copy of this report is on file at:

American College of Traditional Chinese Medicine
450 Connecticut Street
San Francisco, CA  94107
8.12 Biohazard Safety

*Bio-hazardous materials* at ACTCM consist of

1. Contaminated acupuncture needles
2. Contaminated cotton used in the course of acupuncture treatments
3. Any laundry contaminated by potentially infectious fluids.

For the purpose of the Risk Management Program any materials that have been exposed to blood or other body fluids is to be considered infectious.

All personnel that come in contact with patients or any of the above infectious materials are required to observe all appropriate universal infection precautions. Universal infection precautions are listed below. All personnel involved in the use of acupuncture needles are required to handle acupuncture needles as described in the acupuncture needle safety section below.

**Universal Infection Precautions**

I. Wash hands before and after all patient or specimen contact.

2. Handle the blood of all patients as potentially infectious.

3. Wear gloves for potential contact with blood and body fluids.

4. Place used needles immediately in nearby impermeable container; do NOT recap or manipulate needle in any way.

5. Wear protective eyewear and mask if splatter with blood or body fluids is possible.

6. Wear gowns when splash with blood or body fluids is anticipated.

7. Handle all linen soiled with blood and/or body secretions as potentially infectious.

8. Process all laboratory specimens as potentially infectious.

9. Wear mask for TB and other respiratory organisms. HIV is not airborne.

10. Place emergency equipment where emergencies are likely to occur.

**Acupuncture Needle Safety**

1. Use only approved pre-sterilized, disposable acupuncture needles.

2. Use a new needle for each insertion. Do not reuse needles.

3. Use the appropriate needle length for the planned procedure.

4. Do not place used acupuncture needles in trays at the treatment table. Place all used needles directly and immediately into the Sharps container.
5. Do not hand used acupuncture needles to another student.

6. Do not insert an acupuncture needle into the patient up to the handle. Always leave some needle length between the skin and the handle.

7. Do not exceed needle insertion depths or angles.

8. Do not needle at an angle or depth where the patient's lungs or any other organ can be injured.

9. Be sure that the patient is stable and comfortable before beginning needle insertion.

10. Be sure that the patient has had food within a few hours of being needled.

11. Be sure that the patient is relaxed prior to needling. Reassure the patient about the procedure before beginning to needle the patient.

12. Wear gloves during the needle insertion at your discretion. The gloves may protect you from a needle stick accident but may make handling the needles more difficult. Gloves are only necessary when there is the risk of exposure to blood or body fluids.

*If you choose to wear gloves while treating a known HIV seropositive patient, you must wear gloves while treating ALL patients.

*The only difference between a patient who states she or he is HIV seropositive and one who does not, is that the seropositive patient is sure of her or his status.

**Contaminated needles** that are used, and have come in contact with blood or potentially infected body fluids are to be considered contaminated needles and are to be placed directly and immediately in the appropriate Sharps containers. No biohazard materials are to be placed in any temporary container, on any surface, or handed to other personnel in the clinic. Once in the biohazard container the material must remain in the container and not be transferred to any other container by clinic personnel.

**Sharps containers** must be commercially made hard-sided plastic containers approved for use as a biohazard container by the Dean of Clinics. They must be leak proof, puncture resistant, and easily accessible to personnel that use acupuncture needles and other sources of medical waste generated at the institution. Labels and containers should be red or predominantly red, and have the international biohazard symbol below on each container. All such containers must be clearly labeled as containing bio-hazardous materials. Each container must have a tight sealing closure that is placed on the container after it is full. Full containers must be filled to no more than the indicated fill line on the containers. Contaminated materials may not be left on top of the container or sticking out of the top of the container where it can come in contact with clinic personnel. Once the containers are filled to capacity the container is sealed and picked up by the appropriate biohazard pick up service.

Used laundry that is not heavily contaminated by a significant amount of infectious material such as blood is to be placed by clinic personnel into the correct dirty laundry containers in the linen storage areas. Blood stained linens are to be double bagged in tightly sealed plastic bags that are clearly labeled as infectious and given directly to the laundry service. Do not place blood stained linens in the laundry containers.
All personnel handling materials other than acupuncture needles that are contaminated by blood or body fluids must wear single use disposable examination gloves. Should such a glove become damaged in the course of use, a new glove must immediately replace it. No single use glove is to be washed and reused. Always wash your hands with an antiseptic soap before and after performing a procedure that involves working with potentially infectious materials.

Used acupuncture needles handled in the course of routine use need not be handled with gloves as long as properly trained personnel handle them in a manner commensurate with routine use.

All containers containing infectious material are to be labeled with the biohazard legend in the figure below.

The clinic area has a sink area with antiseptic soap, an iodine solution such as Betadyne and paper towels adequate for all personnel working in the area. There is to be a bottle of a ten percent bleach solution to be used to disinfect hazardous spills.

All employees who work in areas at risk for exposure to medical waste must receive training in the proper handling of biohazard materials as part of their training program. All employees who are eligible to receive biohazard training must receive training within one year as part of their retraining program. All biohazard training must be documented as outlined in the record keeping sections of this program. Biohazard training records must be kept for three years.
8.13 Electrical Safety

1. Only qualified contractors may work on electrical equipment and wiring.
2. All electrical equipment must be maintained in a safe condition.
3. Wiring must be run in such a manner as to not be a hazard to foot or equipment traffic.
4. Breaker boxes must be kept clear of equipment and available in emergency situations.
5. Power tool operation is restricted to operation by qualified individuals wearing appropriate safety glasses.

8.14 Medical and First Aid

Employees must have emergency and medical assistance available to them in a timely manner in the event of an emergency.

In the event of an emergency, the Dean of Clinic shall be informed immediately. First aid must be available to employees at all times. It is the responsibility of the Dean of Clinic to insure that all qualified first aid personnel are on staff during all shifts. A list of those individuals with first aid training is posted in the employee eating area. All managers and supervisors are to have an updated list of first aid providers.

In the event that an emergency exists that requires attention beyond First Aid, the injured employee should be referred to San Francisco General Hospital emergency room. 911 should be called and city emergency personnel be directed to the location of the injured employee.

All accidents, including those involving injury or death of a college employee must be immediately reported to the Dean of Clinic.

The Dean of Clinic is responsible to make sure that a well stocked first aid kit is on site at all times.

For further information on CPR/First Aid Training:
Safety Training Seminars
598 Vermont Street
San Francisco, CA 94107
Phone 415.437.1600
Fax 415.840.0313
Website www.cprcpr.com

Please mention ACTCM when contacting the training seminar in order to receive a student discount.

In the event of an accidental needle stick accident, the following procedure is used.

Accidental Needle Stick Procedure

ACTCM and San Francisco General Hospital have established a collaboration to effectively treat any needlestick accident.

1. Wash the site of the needle stick immediately, and disinfect with Betadine or povadyne solution. (Betadine: Potrero campus- in the clinic front desk, next to the First Aid Kit; Pioneer Square -in the file cabinet, classroom G-see librarian for access)
2. Report to Clinic Supervisor or Faculty immediately and fill out an incident report. The incident form is available at the clinic front desk.

3. Make an appointment ASAP with John Kolenda, Dean of Clinical Education, or Jung Kim, Assistant Dean of Clinic to fill out authorization treatment forms.

4. Once you have filled out the proper forms from Dean of Clinics, you can go and receive appropriate treatment and blood work at one of two sites:

   Concentra – Potrero Hill, 2 Connecticut St.,
   San Francisco, CA 94107
   (415) 621-5055
   Mon. – Fri. 7:00am – 6:00pm

   Concentra – Union Square, 110 Sutter St., 3rd Floor
   San Francisco, CA 94104
   (415) 781-7077
   Mon. – Fri. 8:00am – 5:00pm

6. A variance report must be completed and submitted to the Clinic Dean.

Any employee for whom hepatitis vaccination is recommended because of a hepatitis exposure in the course of work at ACTCM and who refuses such a vaccination must sign the Vaccination Refusal statement.

8.15 Fire Protection

*Portable Fire Extinguishers:*

ACTCM shall maintain portable fire extinguishers in proper working order and location. The Dean of Clinics shall inspect the fire extinguishers at least once each year and after every use to determine that the extinguisher is in proper working order and is fully charged. Written records of maintenance shall be kept on each fire extinguisher. Fire extinguishers that fail annual inspection shall be repaired or replaced in a timely manner.

*Employee Alarm Systems and Action Plan:*

All employees shall be trained with respect to fire emergency procedures and escape routes at the time of hire.

Escape routes and the location of fire extinguishers are posted in all the work areas and the location of these postings are provide to the new employees during orientation training.

In the event of a fire emergency employees shall call 911 and report the time, extent and location of a fire. If she or he can safely do so, an employee may attempt to control the fire by taking the nearest fire extinguisher that can be approached safely, aim the fire extinguisher at the base of the fire and operate the fire extinguisher. In any event, the primary responsibility is to remove herself or himself from danger, closing all doors after all personnel have left each area.

In the clinic, it is the responsibility of clinic personnel to make sure all patients have been removed from the clinic area. Where a patient is in a room during a fire, qualified personnel should remove all
needles and assist the patient out of the clinic. In an emergency situation where there are no qualified personnel available, the nearest clinic employee should remove the needles from the patient and assist the patient in leaving the clinic.

8.16 Earthquake

In the event of an earthquake it is important to remain calm and to attend to the safety of the patients. In the event of an emergency such as an earthquake, the Dean of Clinics is in charge and everyone should take instructions from the Dean.

1. REMAIN CALM. Panic will create additional danger for everyone.

2. ATTEND TO THE PATIENTS. Everyone needs to cooperate to identify the location of each patient, to remove needles, assist with clothing, and reassure patients about their safety. Patients should be evacuated to the parking lot or street if there is any question about the safety of remaining in the building. Evacuation maps are located inside building entrances and show the shortest escape route in the event of an emergency. Be prepared for aftershocks.

8.17 Video Display Terminals

All video display terminals (VDT) are to be evaluated at least once per year and whenever a problem is noted with their operation. VDT inspection shall include:

1. Is the VDT set up to minimize glare and flicker?

2. Is the chair of the VDT operator adjusted properly and arranged to minimize discomfort of operator?

3. Are the keyboards and wrists supports positioned to reduce the discomfort of the operator and minimize the possibility of injury?

4. Is the operator allowed sufficient breaks to maintain comfort?

5. Are document holders and other supplies available if needed?

6. Are the VDT operators trained on the proper use of the equipment?

7. Do all operators know who to go to with problems involving the equipment?

8. Are all employees aware of the signs and symptoms of VDT related problems?

9. Are there adequate properly functioning VDT workstations for the work done at the institution?

10. Are the electrical wires properly grounded with three-prong plugs?

The Dean of Clinics assures the mandated inspection, and resolution of any specific problems.

8.18 Water Supply and Sanitation

Potable water for drinking shall be provided at the hand washing station in the following areas:

1. Clinic hand washing station,

2. Employee eating area
3. Student lounge

Toilet facilities shall be provided and maintained in a clean and safe condition in the clinic and classroom areas. All toilet facilities have hand-washing facilities that include soap and clean paper towels.

8.19 Workplace Security

The ACTCM’s Risk Management Program addresses three types of violence or the threat of violence in the workplace. Type I is a violent act by an assailant with no legitimate relationship to the institution and commits an act of violence such as a robbery. Type II involves an act of violence by a recipient of care at ACTCM, a student at the institution or an individual that has purchased a product at the clinic. Type III involves a criminal act by a current or former employee, or some other individual with an employment related dispute.

The management team at ACTCM is committed to the safety and security of our employees and the security of the means of livelihood at the institution. The below policy has been implemented to meet these goals. Part of this recognition is the awareness of the important role that all personnel play in workplace security. All individuals employed at ACTCM are empowered to participate fully in the security program at the College, and required to meet all requirements of this program.

The goals of the security program are:

1. Ensure that the employees at ACTCM are free of threats to their safety and livelihood.
2. Communicate the components of the security program to all employees of the institution.
3. At the initiation of this program evaluate the security precautions of the institution.
4. At no longer than one year intervals inspect and reevaluate the security of the institution.
5. Recognize workers who’s practices promote security at the institution.
6. Discipline workers who fail to comply with the security aspects of this Risk Management Program.

Meetings regarding the security of the institution will be conducted at the inception of the Risk Management Program and at least annually after the first meeting, whenever there is a security breach or incident, and whenever there is a change in the policies or procedures that affect the institution.

Security should be assessed in terms of :

1. An assessment of access to the institution
2. Adequacy of workplace security
3. An assessment of the extent of security related hazards
4. Worker’s skill in handling security related problems
5. The extent of knowledge of emergency security measures
6. The availability and publication of escape routes.
Assessment shall include:

1. Level of policy communication among employees
2. Record keeping with respect to the security provisions of the Risk Management program.
3. The awareness of front desk personnel and supervisory clinicians with respect to warning signs of violence and problems.
4. Frequency and severity of threats to institution personnel.
5. Disciplinary procedures.

8.20 TUBERCULOSIS SURVEILLANCE PROGRAM

POLICY AND PROCEDURES

I. POLICY

All new people will be monitored for tuberculosis exposure. Thereafter, individuals who work in areas with patient contact will be monitored for tuberculosis every year (annually). Failure to comply with this policy will result in the individual being removed from his/her work schedule until the required test/questionnaire is completed.

II. PROCEDURES

A. Surveillance of New Employees and Students

1. If previous tuberculin skin testing has been non-reactive (negative), less than 10mm induration, or if there is a history of BCG vaccination without documentation of a significant reaction, a Mantoux test of Tuberculin PPD will be applied and read 48-72 hours later.

Results of all tuberculin skin tests will include date and location administered, date read, and induration in millimeters.

2. A new employee or student with a documented significant (positive) tuberculin skin test will be required to have a chest X-ray taken unless he/she can produce a negative chest X-ray report done within the last 6 months. The individual must also answer the TB surveillance questionnaire and have it placed in his/her medical records. Follow-up chest x-rays will be needed every five years unless the person develops symptoms.

3. A new employee or student with a reactive tuberculin skin test and a negative chest X-ray will be permitted to work without restriction and advised to see his/her private physician.

4. A new student/employee with a significant tuberculin skin test and a positive chest X-ray will have his/her work status determined by the Dean of Clinics in consultation with the employee's private physician.
PROCEDURE (Continued)

B. Surveillance of Individuals with Direct Patient Contact

1. Employees/students with a history of a non-reactive tuberculin skin test will be given a tuberculin skin test every year or when suspected exposed to active tuberculosis has occurred, in order to monitor for skin test conversions.

   a. Skin test conversions are defined as follows:

   - 10mm or more induration in a person with no known exposure to tuberculosis since his/her last negative tuberculin skin test.

   - 5mm induration in a person with a known or suspected exposure to tuberculosis since his/her last negative skin test.

   - 5mm induration in a person who is immune compromised.

   b. If an employee or student converts to a significant reaction, a chest x-ray will be taken and the person will answer the TB surveillance questionnaire. The person is then referred to his/her private physician for continuing care. The Clinic Administration in consultation with the person's private physician will determine his/her work status.

   c. The Clinic Administration will determine whether or not the conversion is related to a documented exposure in the clinic.

2. Employees/students with a history of a positive tuberculin skin test will be screened as follows (including those with a history of BCG vaccinations with a positive documented skin test):

   a. Each employee/student will have a negative chest x-ray report on file. Chest x-rays will be repeated every 5 years.

   b. Each year the employee/student will complete a tuberculosis surveillance questionnaire which will be reviewed with Clinic Administration.

   c. Any symptoms suggestive of tuberculosis must be reported by employee/student to Clinic Administration immediately.

C. Compliance with this Policy and Procedure

1. All employees/students covered under this policy must comply with the tuberculin surveillance program. Failure to comply will result in the employee/student being removed from the clinic schedule until the required tests are completed.

2. The following is the notification procedure for this program.

   a. Academic administration will be sent a list of students in their areas who are due for tuberculin screening. It is the responsibility of the Registrar to notify students that they need this screening. Employees will be notified by the Clinic Administrator when they are due for tuberculin screening.
b. Once the employee/student has been notified, he/she will have 2 weeks to report to any clinic or private physician for tuberculin screening.

c. Any employee or student who fails to submit a TB test result after a second notification will be considered non-compliant. A list of such employees or students will be sent to appropriate personnel (Dean/Registrar). These employees/students are to be removed from the clinic schedule until they have complied with the tuberculin surveillance program and appropriate staff are notified of same.
EXPOSURE TO ACTIVE PULMONARY TUBERCULOSIS

AMERICAN COLLEGE OF TRADITIONAL CHINESE MEDICINE

POLICY AND PROCEDURE

I.  POLICY

Employees or students who have had contact with a patient diagnosed as having active pulmonary tuberculosis will be monitored for tuberculin skin test conversions and/or active tuberculosis.

II.  PROCEDURE

A.  When a potential exposure of an employee or student to a documented case of active pulmonary tuberculosis occurs, the Clinic Administrator will prepare a list of potentially exposed employees and students.

B.  The following procedure will be followed for those students and employees whose previous tuberculin skin test has been non-reactive (less than 10mm induration):

1.  A tuberculin skin test will be given immediately unless the person has received one within three months prior to the present exposure.

   a.  If the tuberculin skin test is positive (>5mm), the person is considered a converter and will be followed according to protocol for Tuberculosis Surveillance.

   b.  If the tuberculin skin test is negative, the person will be given a second skin test 10 weeks later.

   c.  If the second skin test is **negative**, no further follow-up is necessary.

   d.  If the second skin test is positive (5mm), the person is considered a converter to this exposure and will be followed according to the protocol for Tuberculosis Surveillance.

2.  If an employee or student is re-exposed to active pulmonary tuberculosis within three months of the first exposure, the present exposure will be considered a new and separate exposure.  The foregoing procedure will be followed for this new exposure.

C.  The following procedure will be done for employees and students with a history of a positive tuberculin skin test:

PROCEDURE (Continued)

1.  The employee or student will complete the tuberculin surveillance questionnaire immediately.

2.  In 10 weeks the employee's or student's health status will be reviewed by Clinic Administration for any signs of symptoms of active tuberculosis.

   a.  If the person is without symptoms, no further follow-up is necessary.

   b.  If the person presents symptoms, a chest X-ray will be done and the person referred to his/her private physician.  If the chest X-ray demonstrates positive tuberculosis, the Clinic Administration will be notified for further follow-up with other staff/patients/students.
3. Any employee or student who develops symptoms of pulmonary tuberculosis needs to report to the Clinic Administration and his/her private physician immediately.

a. symptoms:

(1) Unplanned weight loss
(2) Cough
(3) Hemoptysis
(4) Perspiration at rest or night sweats
(5) Fatigue
(6) Low-grade fever

D. A record will be maintained by Clinic Administration of all exposed employees/students and PPD converts, how and by whom they were managed.

E. After surveillance is finished, send a summary of the exposure to Ward 94, TB Division, San Francisco General Hospital, 1001 Potrero Avenue, San Francisco, CA 94110, to include the following information:

1. Number of exposures
2. Number of tested individuals
3. Number of conversions with negative X-rays
4. Number of conversions with positive X-rays
5. Number of individuals treated with INH

PROTOCOL FOR EXPOSURE TO POTENTIALLY INFECTIOUS BODY FLUIDS

I. IMMEDIATE TREATMENT OF WOUND AND/OR MUCUS MEMBRANES.

A. Clean wound with soap and water.
B. Flush mucus membranes with water or saline.
C. Serious wounds should be referred out to an MD for emergency treatment.

II. IDENTIFY SOURCE OF CONTAMINATED NEEDLE OR INSTRUMENTS IF POSSIBLE.

III. REPORT IMMEDIATELY TO THE CLINIC DEAN, WHO WILL COMPLETE AND SUBMIT THE APPROPRIATE INCIDENT REPORT FORMS LISTED BELOW.

A. Norcal incident report
B. If employee, file a Workers’ Compensation Injury Report with the Administrative Assistant
C. Form II-1, Record of Employer Discussion of source individual's test results with exposed employee
D. Form II-2, Report of Post Exposure Incident

IV. PROMPT REFERRAL FOR APPROPRIATE EVALUATION AND TREATMENT. SOME TREATMENTS NEED TO BE INITIATED IMMEDIATELY.
A. Copies of forms II-1, II-2, and a blank II-3 are to be given to the health care professional evaluating the exposure.
B. All employees can be evaluated at San Francisco General Hospital's Occupational Infectious Diseases (OID) unit.
C. Phone numbers for both above listed facilities will be posted at the Reception Desk.

V. POST EXPOSURE CARE FOR THE EXPOSED EMPLOYEE SHALL INCLUDE COVERAGE FOR ALL TREATMENT OPTIONS, BASELINE AND FOLLOW-UP LAB WORK, AND COUNSELING SERVICES. NOTE: OID WILL PROVIDE COUNSELING FOR THE EMPLOYEE AND THEIR SIGNIFICANT OTHER(S).
10.0 Exposure Control Plan
OSHA Regulations

Instructions for Completing the Exposure Control Plan

The following pages are designed for compliance with the OSHA Regulations that require each facility to prepare an Exposure Control Plan.

The Exposure Control Plan must be complete by ___________________.

Fill in the blanks to indicate dates of compliance.

This plan needs to be updated:
- Annually.
- When new tasks and procedures are added which affect occupational exposure.
- When tasks and procedures that affect occupational exposure are changed or modified.
- When new employee positions with occupational exposure are added.
- When employee positions are changed to include occupational exposure.

The ACTCM Community Clinic:
- Must be in compliance with every item checked or dated in this plan.
- Is held accountable for the procedures and equipment covered in this plan, and may be fined by OSHA for incorrectly indicating compliance.

EXPOSURE CONTROL PLAN
ACTCM Community Clinic
450 Connecticut Street
San Francisco, CA 94107

Plan prepared by ____________________________.

Date ____________________________

Date Reviewed for Update ____________________________

Exposure Determination List

The following job classifications may have contact with blood or other potentially infectious materials:
- Acupuncturist
- Housekeeper

In the following job classifications, some employees may occasionally have contact with blood or other potentially infectious materials:
- Medical clerk
- Housekeeping staff

In the following procedures performed in Clinic, occupational exposures can occur:
- Blood letting
- Star needle technique
- Needle cupping
- Care of wounds
- Dressing changes
Schedule and Methods for Implementation of the Regulations

Work Practice Controls
Fill in dates of compliance for each procedure/item.

The following Work Practice Controls are in place in Clinic:

_________Hand washing is required in Clinic, and employees have been instructed in this procedure, and know where facilities are located.

_________Recapping of sharps and bending and breaking of needles is prohibited in Clinic. Employees have been trained in these procedures.

_________Disposal of sharps: After use, all sharps are placed immediately into appropriate sharps receptacles for reprocessing or disposal. The containers meet the requirements as outlined in the OSHA Regulations for Engineering Controls. Employees have been trained in these procedures, and have been instructed not to overfill containers. Blood and other potentially infectious materials are handled with care in Clinic. Employees have been trained in these procedures.

_________Eating, drinking, smoking, applying cosmetics and handling contact lenses is prohibited in Clinic in work areas where there is any risk of occupational exposure. Employees have been informed of this rule.

_________Storage of food and drink is prohibited in places where other potentially infectious materials are kept. This applies to refrigerators, freezers, shelves, cabinets, countertops and benchtops. Employees have been informed of this rule.

_________Equipment that may become contaminated is inspected for blood or other potentially infectious materials on a regular basis and decontaminated if necessary. If it cannot be decontaminated before repair or shipment, staff has been instructed to label the site(s) of contamination clearly.

_________Sharps containers in Clinic are puncture-proof and leak-proof. Staff has been instructed to close the containers when they are moved to prevent spillage.

_________Closable, leak-proof containers with the appropriate color-coding or labeling are available for all other regulated waste such as disposable gloves or bloodied bandages.

Engineering Controls

Compliance required by _________________.
Fill in dates of compliance for each procedure/item.

The following Engineering Controls are placed in Clinic:

_________Hand washing facilities are available for staff use in the following locations:

__________________________________________________________________________________________

_________Where/when hand washing facilities are not available, antiseptic hand cleanser and clean towels or towelettes are available for staff use in the following locations:
Leak-proof, puncture resistant sharps containers, with appropriate labels or color-coding, are available at the following sites: ________________________________

Type of container(s) used: __________________________________________

When packages that contain blood or other potentially infectious materials are shipped, a biohazard label is affixed to the outside of the package.

Other regulated waste in clinic includes used gloves, soiled laundry, bandages/gauze.

Above waste is kept in closed containers that can hold all contents without leakage during handling, storage, and transport, and is color-coded or labeled. It is disposed of in the following manner: __________________________________________

Type of container(s) used: __________________________________________

The Engineering Controls outlined above are inspected and maintained on a regular basis, according to the following schedule: ________________________________

Personal Protective Equipment

Compliance required by ________________________________.

Fill in dates of compliance for each procedure/item.

The following Personal Protective Equipment are available in Clinic:

Disposable gloves, in appropriate sizes, are available for all workers-at-risk of exposure, for use at their discretion. Disposable gloves can be found in all treatment rooms and should be worn whenever contact with an open wound or with blood is expected.

Hypoallergenic or glove lines are available to workers allergic to regular gloves, at the following locations: ________________________________

Utility gloves are available for all housekeeping and other staff at the following locations: ________________________________.

They are checked for cracks before each use and replaced as necessary. Utility gloves are used for ____________________________________________________.

Face protection is not required in Clinic.

Housekeeping

Compliance is required by ________________________________.

Fill in dates of compliance for each procedure/item.

The following housekeeping procedures are in place in Clinic:

A written schedule for cleaning and decontaminating work sites is attached, filed or posted.
Employees are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage occurs.

Employees are responsible for leaving treatment rooms clean after the work shift. Clean paper should cover the table, the floor should be clean of debris, alcohol and cotton ball containers should be closed, used cups should be placed in receptacles under sinks in hallways, surfaces should be clean.

Broken glass: Staff has been instructed to never pick up by hand any broken glassware that may be contaminated. A brush, dust pan, forceps and/or tongs is available for picking up broken glassware that may be contaminated. These implements are then cleaned and decontaminated.

Sharps containers in Clinic are closable and puncture- and leak-proof.
- Staff has been instructed not to overfill the containers.
- Staff has been instructed to close the container when they are moved to prevent spillage.
- Closable, leak-proof containers with the appropriate color-coding or labeling are available in the event that the sharps containers appear to be leaking.
- Closable, leak-proof containers with the appropriate color-coding or labeling are available for all other regulated waste such as disposable gloves or bloodied bandages.

Laundry is shipped to ________________ for cleaning. The containers used for shipping are appropriately labeled or color-coded.

Contaminated laundry which is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container is stored and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Protective gloves are used by all workers who have contact with contaminated laundry; other protective equipment is available as required.

Hepatitis B Vaccine

For current employees, compliance is required by _________________.
For new or reassigned staff, compliance is required within 10 days.

Attached is a list of at-risk employees who have been offered the hepatitis B vaccine free of charge.

Fill in the date of compliance and the required information in the spaces provided:

On __________ an evaluation of the exempt status of workers was made by ______________, a licensed health care professional.

A written opinion submitted by the above evaluators is included in the confidential medical records for each employee.

A copy was provided to the employee within 15 days of the evaluation.

At-risk employees who declined the hepatitis B vaccine have signed a copy of the OSHA’s hepatitis B vaccine declination. A copy is included in their confidential medical file.
Hep B Vaccination for ACTCM Clinical Faculty is available:

I _____________, an ACTCM Clinic Faculty, have decided to obtain the hepatitis B vaccination series offered by my employer.

A. If I have private medical insurance, I will inquire with my physician as to the out of pocket cost of the series, if any, including the fees for office visits. I will return this form to Clinic Dean for pre-authorization.

   Amount of Out of Pocket Fees for Hepatitis B Vaccination _____________________

   Name of Physician ____________________________

   Date: _________________________________

   Approved by John Kolenda, Dean of Clinic: ______________ Date: __________

B. For those employees without private insurance, the Hep B Vaccination for ACTCM Clinical Faculty is available at the following location:

   Haight Ashbury Free Medical Clinic
   558 Clayton Street
   San Francisco, CA 94117
   415.487.5632
   Fee: Free with donation, please make an appointment.

   Please acquire approval from the Dean of Clinics prior to the vaccination

   Approved by John Kolenda, Dean of Clinics: ______________ Date: __________

   * Please bring the receipt to get your reimbursement.

   Cc: Reno Golez
SAMPLE FORM

The OSHA Bloodborne Pathogens Standard

Hepatitis B Vaccine Declination Form
(Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date:_____________________

Signature:__________________________
Postexposure Evaluation and Follow-up

Compliance required by ___________.
Fill in dates of compliance for each procedure/item. In the event of an exposure incident, the following procedures are to be followed:

1. Inform the Supervisor and Dean of Clinics of the incident.
2. Disinfect the area with Betadine or other povadyne solution.
3. Call the needlestick hotline at 469-4411, which is administered by San Francisco General Hospital. The hospital will provide medical advice and services.

For more information see section 7.14.

_________ All employees have been trained in these procedures.

Labels and Signs

Compliance required by ___________.
Fill in dates of compliance for each procedure/item.

_________ The Clinic uses red color-coding or biohazard labels to mark all hazardous items.

Hazardous items include sharps containers and containers of other regulated waste.

Recordkeeping

Compliance required by ___________.
Fill in dates of compliance for each procedure/item.

Medical Records

_________ Confidential medical records are kept for all employees with occupational exposure. They include:
- Employee’s name and social security number.
- Hepatitis B vaccination or immune status.
- All information given to evaluating health care profession in the event of an exposure incident.

_________ The confidential medical records are kept for at least 30 years after the person leaves employment.

_________ Written permission from the employee is required for access to these medical records.

_________ Employee medical records are available upon request to the Assistant Secretary and the Director of OSHA.

_________ If this Clinic closes, it is understood that the employer must inform the Director at least three months before disposing of the records.

_________ The confidential medical records are kept in the following location:

__________________________________________________________________

Training Records:
Records of the training of all workers at risk of exposure are kept in Clinic. These records include:

- Dates of training sessions
- Material covered
- Names and qualifications of trainers
- Names and job titles of trainees.

The records are kept for three years from the date of the training sessions.

These records are available upon request to all employees or their representatives.

Employee training records are available upon request to the Assistant Secretary and the Director of OSHA.

If this Clinic closes, it is understood that the employer must inform the Director at least three months before disposing of the records.
11.0 VARIANCE REPORTING

DEFINITION AND GENERAL RECOMMENDATIONS

This facility defines a variance as an occurrence not consistent with the mandated operation of the clinic or the care of the patient. The primary consideration in generating variance reporting information is to promote the Quality Assurance process and the Risk Management activities at the clinic. The variance reporting form is the recommended form for such clinic reporting.

Any staff member or student observing, discovering or involved in an incident should initiate a variance report. The variance reporting system exists to respond to the needs of the visitor, patient, or employee. It should be noted that any employee injury should be processed on the report form that is required by the Worker's Compensation carrier. Further, any Bloodborne OSHA variance must be reported and maintained for a period of thirty (30) years.

In general, a variance report must be filed for any of the following circumstances:

1. A disturbance occurs that does or may disrupt clinic functions or which may affect the community standing of the health care facility.

2. A significant violation of established policy and procedure.

3. An event which is not a natural consequence of a patient's disease or procedure.

4. An unusual event which does or may result in personal and/or bodily injury.

5. Threat or announcement of intent to file suit or actual commencement of legal action relating to treatment provided by health care facility.

6. Any threat of personal harm or injury voiced by a patient, visitor or family member, which requires precautionary actions to be taken.

The above includes but is not limited to:

1. Failure to obtain proper consent for admission, consent for treatment, or release of confidential information in violation of unit procedures, State Mental Health Code or Federal Confidentiality Act.

2. Observed or alleged physical abuse of a patient by any staff member.

3. Any alleged sexual, personal and/or financial business relationship between a staff member and a patient and their families who are currently being treated in the clinic or within one year of the patient's discharge.

4. The following patient behavioral situations: self-inflicted injury, homicide or suicide attempt, patient injures an employee and/or patient injures another patient, or threats to do any of the above.

The incident report should be completed immediately, before the staff member leaves the clinic after completing a shift.

Any incident involving voiced hostility by a patient, visitor or family member requires immediate verbal communication to the Clinic Dean in addition to completion of an incident report.
Responsibility for completing a variance report rests with any clinic staff member who witnesses, discovers or has direct knowledge of an incident. Any additional staff members who witness, discover or have direct knowledge of the incident are required to submit a supplemental incident report and/or narrative statement of the facts.

PROCEDURES FOR COMPLETION OF VARIANCE REPORTS

General Recommendations:
A. The variance report should be completed as thoroughly as possible.

B. The report contents should be legibly written. Printing of all information is preferred.

C. More than one block of ten is applicable in a given Section. Read each Section completely and check all applicable boxes. Use your best judgement as to which block(s) are most descriptive of the incident.

D. Be objective (description of facts, behavior and statements only), and not accusatory. Do not record opinions or judgments. Identify persons by NAME and TITLE.

E. Additional sheets may be attached for narratives or information provided by other witnesses if needed. Information contained in addendum should be factual only!

F. The name and complete address of all witnesses (including clinic personnel and medical staff) should be recorded.

G. Narratives and signatures must be legible, and reports correctly dated.

H. Because any communications with Norcal are confidential, completed incident reports and attachments should be retained in the Dean of Clinics’ office, and apart from the patient's chart. Do not place the original or copies of the incident report in the patient's medical records.

LEGAL CONSIDERATIONS

A report defining any unusual occurrence should be completed and submitted to the QA/RM designated persons for review. Because variance reports are confidential documents and are subject to the Evidence Code 1157, State of California, the documents and are subject to the legal immunity, IF HANDLED APPROPRIATELY. Clinics in other states are able to have immunity via legislation specific to protection of confidential business papers.

The legal document that does respond to subpoena is the medical record describing the patient care delivered. The medical record should never indicate that a variance report has been initiated. No mention of the variance report should be noted in the medical record and this includes the physicians' order sheet. It is essential that all information pertaining to the medical treatment given and the facts of the variance be evident in the permanent medical record. Any information generated by investigation of the occurrence should never become a part of the medical record.

REPORTING MECHANISM FOR VARIANCE REPORTS

All variance reports should be forwarded to the Clinic Dean for review and determination.

• NO VARIANCE REPORTS WILL BECOME PART OF THE PERSONNEL RECORD

• NO COPIES WILL BE MADE OF ANY INCIDENT REPORT
• **INJURY DOES NOT HAVE TO OCCUR TO JUSTIFY A VARIANCE REPORT**

The variance report will be evaluated and forwarded to the QA Committee for further review and action. The clinic staff will direct variance reports to the Clinic Administration and the review will determine if the information will be shared via the Safety Committee (general liability) or the QA Committee (professional care issues).

Practitioner variance should be forwarded to the Quality Assurance Committee and will be utilized as part of the credentialing process.

**THE REVIEW PROCESS**

The review process should be:

- Accomplished by a designated person
- Containing factual information
- Completed in a timely fashion
- Routed to specific departments, if necessary
- Analyzed to facilitate corrective action, if indicated
- Maintained in the strictest of confidence
- NEVER DUPLICATED
- Logged into a reference log
- Systematically reviewed for trend analysis
- Readily retrievable
- Forwarded to the Third Party Administrator, Norcal, promptly

**INVESTIGATION PROCESS SPECIFIC**

The investigation of a variance should be considered a priority assignment. The reason to investigate a defined/identified variance will decrease the opportunity for opinion versus factual information gathering. Any variance should be reported on the first working day or within twenty-four hours.

Any variance that is reported resulting in a greater than minor injury will be investigated immediately. The investigation should be initiated by the Clinic Dean. The investigative process must be held in the strictest of confidence and should be directly accountable to the Quality Assurance Committee.

At the minimum, the following will be accomplished:

* Interview any involved persons
* Audit the medical record for content
* Securing of any named equipment
* Evaluation of the environmental site
* Inspection of the physical plant
* Obtaining photographs, if indicated
* Collecting a copy of the policy/procedure
* Third party administration contact (Norcal)

**ALL INFORMATION WILL BE UTILIZED TO INTERFACE WITH THE QUALITY ASSURANCE ACTIVITIES IN THE FACILITY.**

The following pertains to the NORCAL Mutual Insurance Company Clinic Purchasing Group Variance Report.
<table>
<thead>
<tr>
<th>PROCEDURAL</th>
<th>KEY POINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtain form</td>
<td>1. Provide emergency care</td>
</tr>
<tr>
<td></td>
<td>Notify Supervisor / Clinic Administrator</td>
</tr>
<tr>
<td></td>
<td>Notify Physician</td>
</tr>
<tr>
<td>2. Complete Clinic Information</td>
<td>2. Clinic Name</td>
</tr>
<tr>
<td></td>
<td>Clinic Site</td>
</tr>
<tr>
<td></td>
<td>Street Address</td>
</tr>
<tr>
<td></td>
<td>City, State &amp; Zip</td>
</tr>
<tr>
<td></td>
<td>Clinic Contact Person</td>
</tr>
<tr>
<td></td>
<td>Clinic Telephone Number</td>
</tr>
<tr>
<td></td>
<td>Date/Time of Incident</td>
</tr>
<tr>
<td></td>
<td>Date and Time of Variance Report</td>
</tr>
<tr>
<td>3. Complete Patient Information</td>
<td>3. Patient Name and Medical Record ID#</td>
</tr>
<tr>
<td></td>
<td>Visitor identify by checking box</td>
</tr>
<tr>
<td></td>
<td>Volunteer identify by checking box</td>
</tr>
<tr>
<td></td>
<td>Employee identify by checking box</td>
</tr>
<tr>
<td></td>
<td>Identify “male or female” check box</td>
</tr>
<tr>
<td></td>
<td>Document Age</td>
</tr>
<tr>
<td>4. Location</td>
<td>4. Define the actual location of the occurrence</td>
</tr>
<tr>
<td></td>
<td>location by checking the correct box</td>
</tr>
<tr>
<td></td>
<td>Use the “other” category, if indicated.</td>
</tr>
<tr>
<td>5. Type of Incident</td>
<td>5. Check the category that identifies the nature of the incident / variance.</td>
</tr>
<tr>
<td></td>
<td>Use the “other” when there is no close identification.</td>
</tr>
<tr>
<td>6. Medication Error</td>
<td>6. Determine the most accurate cause that may have contributed to the occurrence.</td>
</tr>
<tr>
<td>7. Staff Member</td>
<td>7. Select the category that most applies.</td>
</tr>
<tr>
<td></td>
<td>“None” will be used if no staff person was involved.</td>
</tr>
<tr>
<td>8. Equipment / Supplies</td>
<td>8. Select the category that most applies.</td>
</tr>
<tr>
<td></td>
<td>“None” will be used if no equipment or supplies were used.</td>
</tr>
<tr>
<td>9. Nature of Injury</td>
<td>9. Check the most appropriate factor that relates to the injury.</td>
</tr>
<tr>
<td></td>
<td>For categories not listed, use “other.” “None” will be used</td>
</tr>
<tr>
<td></td>
<td>if no complaints or injuries.</td>
</tr>
<tr>
<td>10. Brief Remarks</td>
<td>10. A brief narrative may be necessary to communicate important facts or information.</td>
</tr>
<tr>
<td>11. Signature Section</td>
<td>11. The signature and title of person submitting the report must be</td>
</tr>
<tr>
<td></td>
<td>evident. Any witness</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
should be identified by name and title. The date of the signature is required.

12. Review Section

The administrative clinic person is required to both sign and date the “review section.”

13. Risk Determination

The risk determination is to be identified (by the clinic administrator) per the definition of risk on the variance report.

In addition to the above, the following information is considered to be critical for a complete document:

**MEDICAL RECORD**

1. Only information specific to a patient occurrence will be documented in the patient medical record.

2. **DO NOT** chart opinions, assumptions, derogatory or inflammatory remarks.

3. **DO NOT** chart that a variance report has been completed.

4. **DO** document if the physician was notified. This will include time of notification and the time of any examination/treatment.

5. **DO** keep comments factual and brief.

6. Progress notes should demonstrate on-going assessment when a patient injury is noted.

**Sign your name and title.**

**Incident Reporting Log (sample only)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Incident</th>
<th>Location</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/5/98</td>
<td>#001</td>
<td>Reception Area</td>
<td>PT/Laceration</td>
</tr>
<tr>
<td>4/7/98</td>
<td>#002</td>
<td>Reception Area</td>
<td>Billing Concern</td>
</tr>
<tr>
<td>4/8/98</td>
<td>#003</td>
<td>Herbal Pharmacy</td>
<td>Wrong herb dispensed</td>
</tr>
<tr>
<td>4/9/98</td>
<td>#004</td>
<td>TX Room</td>
<td>Pt complaint of Pain</td>
</tr>
<tr>
<td>5/2/98</td>
<td>#005</td>
<td>Intake Room</td>
<td>PT/seizure 911</td>
</tr>
</tbody>
</table>

**EMPLOYEE INCIDENT**

Briefly describe the occurrence in the narrative section. The following are to be included in the information base:

A. Job or Task being performed at the time of the incident.

B. Name of the Employee/ job site/department

C. Indicate whether medical treatment was obtained or declined by employee
D. Identify who provided emergency care/treatment

E. Obtain name and telephone number of the employee's physician.

Report any on the job injury to your supervisor.

Any OSHA report for Bloodborne Precautions must be maintained at the clinic for thirty (30) years.

**NORCAL VARIANCE REPORT PROCEDURE**

**OBJECTIVE:**
To document all incidents occurring to patients, visitors or employees

To assign administration in the identification of concern or incident-prone areas

To provide an index for possible compensatory events

To provide trending information to Norcal for the purpose of identifying risk concerns

**REQUIRED:**

Norcal Variance Report Form
Pen
Log
12.0 Clinic Policies and Procedures

11.1 Punctuality

11.1.1 Faculty Check in Log
According to the AC State regulations, the clinic faculty must be present for all portions of patient treatment, including intake. They must be present all four hours of their shift. No intake and treatment can begin without them. Punctuality is required. The front desk will keep a daily sign in log for all Clinic Faculty to check in as they arrive in the clinic.

11.1.2 Student Check in Log
We will keep a daily sign in log for all student clinicians at the front desk. Please check in when you arrive at the clinic before you start your shift. You must be present all 4 hours of your shift. Punctuality is required.

11.1.3 Standard for Punctuality
Punctuality is required for all Clinic Faculty/Student Clinicians:
1. Late for two shifts per quarter: a written warning will be given to student interns or clinic faculty.
2. Late for an additional shift per quarter (3 total): Clinic Dean will evaluate Intern for clinic probation. Also performance review of clinical faculty will be negatively affected on annual clinic review. Poor performance may impede clinic hiring or merit raises in salary.

11.2 Enforcement standards for required signatures
1. Each shift before the supervisor leaves, it is their responsibility to make sure that the following signatures are present.
   • Patient Consent form: required for malpractice insurance.
   • Treatment: signature required before treatment
   • Herb: Required before the herb is dispensed to the patient. (Sign & Check)
   • Case management forms: Must be current.
2. It is supervisor’s responsibility to sign and check all charting.
3. Complete Needle Slips.
4. Front desk will check the forms before the chart is filed back to the file cabinet.
5. If a signature is missing, it will be recorded at the ACTCM unsigned chart log.

If at the end of the quarter if there are still uncompleted charts, that particular practitioner will not be able to participate the clinical experience.
You must complete all required signatures and record the date you corrected your errors at the unsigned chart log. The above procedure is mandatory.

11.3 Absent Clinic Shift
If a student cannot make a clinic shift for any reason, they must notify the Front desk immediately. The Clinic phone number is 415.282.9603 and 415.282.9668. If possible, try to find a substitute and please communicate with the Front Desk Staff.

11.4 Clinic Supplies
1. Please check the buzzer before each shift to make sure it is operable.
2. Moxa boxes are located under the sink. Used moxa boxes should be returned under the sink and placed in the sandbox.
3. Glass cups for cupping are available in the back of the clinic. Used cups should be placed under the sink.

4. Clean sheets are available in the back of the clinic. Used sheets should be put in the laundry bin also located in the back of the clinic.

5. Please remember to clean the stethoscope with alcohol before each use.

6. When the sharps container is full, ask the front desk for a new receptacle and replace in the appropriate room.

7. A portable otoscope is available in the front desk. You must sign out with the front desk staff, and sign back in when you are done.

8. Heat Lamp
   a. Please make certain that heat lamps are directed, carefully and not too close to the patient.
   b. Please turn off the heat lamp immediately after each treatment.
   c. Be aware that the heat lamp will burn the walls causing a fire hazard. Please be careful. You are responsible for any consequences of mismanaged heat lamp usage.

9. Check all moxibustion carefully before lighting. Check moxa extinguishers. If they are not clean, the moxa will break. It is mandatory to minimize moxa burns by checking the moxa stick before lighting. The front desk staff must also check the moxa extinguishers.

11.5 E-community clinic for patients
The update information of our clinic by e-Community Clinic, including new services, clinic schedule and practitioners is available on www.actcm.edu.

11.6 Emergency care
In the event of a medical emergency, when a patient loses consciousness or any other serious cardiovascular incident:

1. Pull all the needles immediately.

2. One person stays in the treatment room with the patient. Remain calm and try to soothe the patient (speak kindly to the patient even if you think the patient cannot hear you).

3. A second person is to call 911 immediately.
13.0 POLICIES AND PROCEDURES MANUAL
MAINTENANCE

Official copies of this manual shall be maintained by the Dean of Clinics. Reference copies of this manual shall be maintained in the following locations:

1. Office of the Dean of Clinics (master copy)
2. Clinic front desk
3. Faculty study
4. Student study
5. Office of the Assistant Clinic Dean
11. Library
12. Herbal Pharmacy

Changes to this manual must be approved by the Dean of Clinics within the context of the goals and policies set by the President and the Board of Directors. Revisions must show the date of approval and be distributed to all reference copies of the manual and to active staff and students.

The policies and procedures outlined in this manual should be updated as needed.
## 14.0 Administrative Personnel

### Clinic Administrative Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lixin Huang</td>
<td>President</td>
<td>President of Academic Affairs &amp; Dean of Faculty</td>
</tr>
<tr>
<td>Bingzeng Zou</td>
<td>Vice President of Academic Affairs &amp; Dean of Faculty</td>
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<tr>
<td>Carla Wilson</td>
<td>Director of DAOM &amp; Research</td>
<td>Director of Academic Affairs &amp; Dean of Faculty</td>
</tr>
<tr>
<td>Steve Given</td>
<td>Dean of Clinical Education &amp; Director of Academic Assessment</td>
<td>Dean of Clinical Education &amp; Director of Academic Assessment</td>
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<tr>
<td>Jung Sik Kim</td>
<td>Assistant Dean of Clinical Education</td>
<td>Assistant Dean of Clinical Education</td>
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<tr>
<td>Tracy Tognetti</td>
<td>Clinic Manager</td>
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<tr>
<td>Chuan Yueng</td>
<td>Supply and Pharmacy Coordinator</td>
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<tr>
<td>Paolina Mladenoff</td>
<td>Insurance Billing</td>
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<tr>
<td>Ian Hua</td>
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<td>Michelle Wu</td>
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<tr>
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<tr>
<td>Abrams, Sally</td>
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<tr>
<td>Su, Jason</td>
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</tbody>
</table>
Tao, Yuan Jin  Clinic Faculty
Vizcarra, Paz  Clinic Faculty
Wheeler, Jonathan  Clinic Faculty
Wu, Ping  Clinic Faculty
Xue, Chulong  Clinic Faculty
Yang, Sherry  Clinic Faculty
Zhu, BaiBing  Clinic Faculty
Zou, BingZeng  Clinic Faculty

ACTCM Clinic Policies and Procedures Manual

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