



Not Forgotten Outreach, Inc.
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Not Forgotten Outreach, Inc. Wellness Center

428 Theodora Lane
Taos, NM 87571
(575)-741-1503





Client Session Guide

Preparation

To prepare for your session at the Not Forgotten Outreach (NFO) Wellness Center, we ask that you think about something you would like to achieve during the session. It can be as simple as “My goal is to get relief from neck pain.” Establishing goals enables us to monitor our own progress.

What to Expect

During your massage session, you will be lying down on a treatment table with pillows and blankets. The lights will be dim and quiet music will be available. Wear loose, comfortable clothing that will help you relax. You will be asked to remove your shoes upon entry.

During the Session

During your first session, the practitioner will take a few minutes to review your needs and family history. Prior to the beginning of the session, be sure to have all paperwork filled out or arrive half an hour early to fill it out at the Wellness Center. Sessions typically last around one hour and are tailored to your specific needs. You may be asked to lie on your front, side, or back depending on the treatment being administered.

Acupuncture

The acupuncturist will typically begin by taking your pulse and checking your tongue. This allows the practitioner to determine the best treatment plan by providing information about your body’s health and resources. Treatment usually consists of selecting a specific set of acupuncture points sequencing. The practitioner may request that a specific item of clothing be removed or pulled back. For example, if working on the knee, the pant leg may need to be rolled up or removed.

The acupuncturist will then insert the filiform needles superficially at specific points. The needles will remain in the body for a specified amount of time depending on the condition and the client. During this time, you will rest and it is common for the client to fall asleep. Once the acupuncturist determines that the treatment is complete, the needles will be removed and you will be asked to take your time getting up.

Acupuncture needles are sterile and are only used once then disposed of according to state and federal health guidelines. Clients often say they cannot feel the needles because they are so fine. On average, 30 acupuncture needles can fit into a standard hypodermic needle.

CranioSacral Therapy

The CranioSacral practitioner begins by gently touching various parts of the body to assess and monitor the rhythm of the fluid moving around the spine and central nervous system. The practitioner uses their hands to sense the pulse of the fluids to assess areas of weakness or blockage and uses subtle movement and energy to shift the appropriate areas. Often the practitioner will use very light movement to shift constricted areas.



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Healing Touch

The Healing Touch practitioner will begin the session by assessing the body's flow of energy and gathering information about parts of the body that may be experiencing blockage or low vitality. The practitioner will then formulate a treatment plan that supports the body's natural, self-healing process.

The practitioner will gently place their hands on designated areas of the body in a specific sequence. Clients often experience a deep sense of relaxation, or a sense of movement, and commonly fall asleep. After the session, the practitioner will slowly assist the client in waking and instruct them to take their time sitting up.

Yoga

Our therapeutic yoga sessions promote healing and health. It is an ideal practice for those experiencing chronic pain, recovering from injury, or simply striving for optimal health. In addition to its many physical benefits, yoga can alleviate PTSD, anxiety, and difficulty sleeping.

In an individual yoga session, the practitioner will assess the client and determine the best yoga technique to fit their needs. Group yoga sessions are more generalized but modifications can be employed for different needs. Mats and other materials are provided.

Meditation/ Relaxation

Relaxation and Pain Management Techniques for Veterans and their families. We will explore Hypnosis, Neuro-Linguistic Programming, Guided Imagery, Conscious Auto-Suggestion, Breath Work, Progressive Relaxation Techniques, Moving Meditation, as well as visual trance induction such as Girih Geometric tiles, Kolam design, and Labyrinths.

Post-Session

It is common to notice changes within 24- 48 hours of a session. As with most integrative care, you might experience feeling renewed, inspired or possibly more emotional, hungry or tired than usual. This is the body's method of processing and clearing. We recommend taking some time for quietness or stillness if possible. You can support the restorative effects of the treatment by taking a walk or breathing with mental focus. Remember that your body may want more sleep or more water than usual. We also recommend taking a salt bath or using salt in the shower to promote integration.

Often the deep relaxation results in ideas and thoughts bubbling up to the surface after a session, and it can be helpful to keep a small journal to capture this information. If you've never had an integrative care session before, you may want to plan a little extra downtime for yourself.

If you have any questions, please call the Wellness Center at 575-741-1503



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Client Disclosure and Consent Form

Information

We thank our service member community for their service. NFO was founded to serve and support military families. Through the Wellness Center, we are able to provide complementary care services and education to military families to help alleviate pain, anxiety, traumatic brain injury, and post-traumatic stress symptoms.

Clientele Served

Gold Star families, active duty, reservist, National Guard, veterans, and their family members. Service member identification is required for the first visit, either a DD 214 or VA card.

Treatment Session Fees

Each military family member client is entitled to **3 sessions at no charge**. Clients are free to use their 3 sessions anytime with any combination of services offered at the Wellness Center. We recommend using the 3 complementary sessions to experience multiple different treatments as the therapies work in conjunction with each other. Combining therapies will be beneficial. Clients may receive additional sessions at a subsidized rate.

- 3 sessions for each military family member at **no charge**.
- Additional sessions are available at a subsidized rate.
- VA/ Veterans Choice referral is available through your VA medical professionals as NFO is a registered VA vendor.
- Accepted forms of payment: cash, check, credit/ debit card.

The NFO Wellness Center is dedicated to providing services regardless of financial hardship. Management may waive or reduce session fees on a case-by-case basis.

Appointment Cancellation Policy

A 24 hour notice of cancellation by phone is required.

Failure to keep a scheduled appointment will result in forfeiting a free session or paying out of pocket for a missed session. Exceptions will be made on an individual basis for unforeseen medical or family emergency circumstances.

Client's Rights

Each client is entitled to receive information about methods, techniques, and recommendations for treatment. Clients are entitled to seek a second opinion from other health care providers and can terminate treatment at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to New Mexico Regulation and Licensing Department at 505-476-4500.

Confidentiality

All exchanges and experiences during sessions will remain confidential except under circumstances detailed in *New Mexico Statute 43-1-19*. Disclosure of confidential information will only be released to agencies or individuals with client authorization except in the legal situations noted above. Client files are kept private according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).



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Disclosures

All NFO Wellness Center practitioners practice within their scope of practice in their designated service. They do not diagnose conditions, prescribe or perform medical treatments, prescribe substances, nor interfere with the treatment of a licensed medical professional. Please discuss any recommendations made by practitioners with your primary health care provider.

Acupuncture

The practice of acupuncture in New Mexico is regulated by the New Mexico Regulation and Licensing Department. Adjunctive therapies as defined by traditional oriental medical concepts and included under the auspices of acupuncture include tui na, Chinese herbal medicine, fire cupping, bleeding, moxibustion, acupressure, electroacupuncture, plum blossom, gua sha, intradermal needles, auricular acupuncture, and ion cord and magnet therapy. Clinic acupuncture and Traditional Chinese Medicine practitioners comply with the rules and regulations promulgated by the Department of Health and Regulation and Licensing Department. This clinic uses only individually packaged, sterilized, disposable needles and adheres to the rules regarding the sanitation of acupuncture offices.

CranioSacral Therapy and Healing Touch

CranioSacral and Healing Touch practitioners are not licensed, certified, or registered by the state of New Mexico as a health care professional. The professional organizations, such as Healing Touch Program and Healing Beyond Borders, certify practitioners. Clinic practitioners of both these complementary and alternative health care services meet the requirements stated in the New Mexico Unlicensed Health Care Practice Act.



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The New Mexico Unlicensed Health Care Practice Act requires that all practitioners of “complementary and alternative health care services” give clients a plainly worded written statement that includes items I-X below:

To be compliant with New Mexico state regulations, we must receive a signed copy of this document from you prior to your first session, keep your signed statement on file for three years following your last session, and give you a copy. Please initial next to each item that you have read and understand and sign below.

Information Item	Initials
I. Contact Information: Not Forgotten Outreach, Inc. Wellness Center. 428 Theodora Lane, Taos, NM 87571, (575)-741-1503	
II. Regulation and Governance: Listed Healing Touch practitioners are not licensed, certified, or registered by the State of New Mexico as a health care professional. They adhere to the Standards and Scope of Practice of the Healing Touch Professional Association and are certified through Healing Touch Program.	
III. Licensed Health Care: The care provided at the Not Forgotten Outreach Wellness Center is complementary or alternative to health care provided by practitioners licensed in the state of New Mexico. The client should discuss any recommendations made by practitioners at the Wellness Center with their primary health care provider. The care received at the Wellness Center is not a substitute for licensed medical health care.	
IV. Nature of Services: The Wellness Center provides Acupuncture, yoga, massage, myofascial, CranioSacral, and Healing Touch sessions. Sessions may include a combination of these healing modalities and may include light touch on or off the body.	
V. Education and Experience: Listed below according to modality.	
VI. Session Fees: Session fees and billing information can be found on Page 3 of this packet. Clients have the right to reasonable notification of changes to the services or charges for the complementary and alternative health care services provided at the Wellness Center.	
VII. Right to Information: Each client has a right to complete and current information concerning the complementary and alternative health care practitioner's assessment and recommended services that are to be provided, including the expected duration of the services to be provided	



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and the patient's right to be allowed access to the patient's records and written information from the patient's records.	
VIII. Confidentiality: Patient records and transactions with the complementary and alternative health care practitioner are confidential unless the release of these records is authorized in writing by the patient or otherwise provided by law.	
IX. Right to Transfer: Each patient has the right to coordinated transfer when changes occur in the provider of complementary and alternative health care services.	
X. Complaints: Each client may file a complaint with the New Mexico Regulations and Licensing Department located at 5500 San Antonio Dr. NE, Albuquerque, NM 87109 or by phone at (505)-476-4500	

By signing below, you acknowledge that you have received a copy of this document.

Signature _____

Date _____

Practitioners

Sally Ann Boyd

Bachelor of Fine Arts in Drawing
 200 hour registered Yoga Teacher
 10 years of study and practice of yoga + 3 years teaching
 Trained with Veterans Yoga Project
[\(505\) 508-8254](tel:5055088254)
sally8b@gmail.com
 245 Este Es Rd
 Taos NM 87571

Samuel Burke-Favero

Wilderness EMT, Medical Assistant, NASM-CPT, Certified Hypnotherapist
 Experience in Urgent Care/ Sports Medicine clinic.
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 P.O. box 33, Tres Piedras, NM 87577

Dominic D. Villanueva

Masters of Science in Oriental Medicine at Southwest Acupuncture College
 Robert Wood Johnson Clinical Scholar, 6 years experience
[505-225-2791](tel:5052252791)
EmpoweredWellnessNM@gmail.com
 2908 Truman ST NE



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Liability Insurance

We will post information about the liability insurance of the Wellness Center and participating practitioners as soon as the insurance company responds to our request.

Notice of Privacy Practices

The Privacy Rule does not require accounting for disclosures: (a) for treatment, payment, or health care operations; (b) to the individual or the individual's personal representative; (c) for notification of or to persons involved in an individual's health care or payment for health care, for disaster relief, or for facility directories; (d) pursuant to an authorization; (e) of a limited data set; (f) for national security of intelligence purposes; (g) to correctional institutions or law enforcement officials for certain purposes regarding inmates or individuals in lawful custody; or (h) incidental to otherwise permitted or required uses or disclosures. Accounting for disclosures to health oversight agencies and law enforcement officials must be temporarily suspended on their written representation that an accounting would likely impede their activities.

As a care provider, we use your health information for evaluation and treatment, as well as to obtain payment for treatment. With your written request, your client records may be shared. We may use your health care information without your authorization for the following reasons: Public health safety, auditing purposes, emergencies, or when required by law.

In all other circumstances, we will obtain your written permission to release your treatment information in the form of a "Release of Treatment Records" form. If you choose to sign this form, you have the right to revoke that authorization at any time. If at any time we change our policies regarding the privacy of your information, you will be informed with a new "Disclosure and Consent Form" to sign. You have the right to view and obtain a copy of your records. You also have the right to know to whom we have disclosed your records. If you believe the information in your record is not correct or missing information, you have the right to request that such information be corrected or added to your record. If you have any questions or concerns about your medical records, please contact Not Forgotten Outreach Wellness Center, or you can file a written complaint with the U.S. Department of Health and Human Services. Not Forgotten Outreach Wellness Center is required by law to protect your information and provide this notice to you, along with your signature acknowledging your receipt of this information. Healing Warriors Program reserves the right to change the privacy practices that are described in this Notice of Privacy Practices. Our office sends periodic information and participates in other non-private contact. This may be via email or postal service. Reminders of your appointments may be via email, telephone, or text message.



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Client Consent

- I have read this disclosure and consent document.
- I have read and understand the Notice of Privacy Practices prior to signing this form. I have felt free to ask any questions regarding this document and if I have asked questions, the answers have been satisfactorily explained to me.
- I understand that I am free to withdraw this statement in writing and to discontinue services at any time. I understand that no guarantees or claims as to the results of treatment are expressed or implied by Not Forgotten Outreach Wellness Center. I consent to the treatment described above.

Signature: _____

Printed Name: _____

Date: _____



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Client Information Form

Please print clearly and complete this form as thoroughly as possible. All information is confidential.

Date _____

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Work Phone _____

Preferred method of contact for appointment reminders:

Email Text Message – Carrier _____

Phone call on: Home Phone Cell Phone Work Phone

Address _____

City _____ State _____ Zip Code _____

Email _____

Date of Birth _____ Age _____ Gender: M F

If you are a family member of a service member please provide the following:

First Name _____	Last Name _____
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____ Age _____
Relationship to service member:	
<input type="checkbox"/> Spouse/ Partner	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____

How did you hear about the NFO Wellness Center?

VA Word of Mouth - Referred by (name) _____

Vet Center Friend of family member (name) _____

Other _____



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Emergency Contact Information

Name _____

Phone number _____

Relationship to you _____

Military Service Member Information

Branch of Service _____ Rank _____ Specialty _____

Military Status:

Activity Duty Reserves Separated Retired National Guard Gold Star

Race:

African American Asian Caucasian Hispanic Native American Other

Marital Status:

Widowed Single Married/ Partner Separated Divorced

Please bring the service member's identification to the first appointment, either a DD 214 form of VA card. We will make a copy of the DD 214 for all service members NOT referred to us by the VA or HN. This is a requirement for specific grant applications. All but the last 4 of the SSN will be redacted and the form will be kept in a secure file.

ID verified by _____

Additional information for our grant application process:

Place of employment and location _____

Occupation _____

School District _____



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Client Records Release Form

(HIPAA requirement)

I, _____, give permission to Not

(client's printed name)

Forgotten outreach to exchange information by phone or in writing regarding my case to

(name of family member, health care provider, insurance company, mental health provider,
etc.)

whose address and phone number is _____

for the time period beginning _____ and ending _____.

Describe below the illness, injury, or subject to be discussed.

Note: This authorization is valid only for communication between the named parties, for the condition described, and for the time period specified by the client.

Client or legal guardian signature _____

Phone number _____

Date _____