

INFORMED CONSENT TO ACUPUNCTURE TREATMENT

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or serving as backups for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, where signatories to this form or not.

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 generally safe method of treatment, but it may have some side effects that include dizziness, fainting or bruising, numbness, tingling near the needling sites that may last a few days. Bruising is a common side effect of cupping or peri-acupuncture, burns and/or scarring are a potential risk of moxibustion or a treatment involves the use of heat lamps. Infection is another possible risk, although the clinic uses one-time, sterile disposable needles and maintains a clean and safe environment. Rare risks of acupuncture include spontaneous miscarriage, nerve damage or organ punctures, including lung puncture (pneumothorax).

I understand that the herbs may have an unpleasant smell or taste, and need to be prepared and consumed according to the instructions provided orally or in writing. I will immediately notify the practitioner and/or a clinical staff with any unanticipated or unpleasant effects associated with the consumption of the herbs. 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 or inappropriate during pregnancy. I will **notify** the acupuncturist and the clinical staff who is caring for me **if** I am or become **pregnant**. Some possible side effects of taking herbs are nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue.

While I do not expect the clinic staff to be able to anticipate and explain all possible risks and complications during the course of treatment, I rely on them exercising prudent judgment that are deemed appropriate, based on the facts known at the time, and is in my best interest. I understand that results are not guaranteed.

I understand that, under required or necessary conditions, clinical and administrative staff may review my personal, medical records and lab reports, yet all my information will be kept confidential, and will not be released without my written consent. I also have the right to request restrictions on certain uses and disclosures of my health information.

By voluntarily signing below, I agree that I have read, or have had read to me, the above Consent to Acupuncture 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 for my present condition and for any future condition(s) for which I seek treatment.

Patient/Representative Name (print)

Date

Patient/Representative Signature

Relationship with Patient

Acupuncturist Name, Essence of Acupuncture LLC

Date