



INFORMED CONSENT TO TREATMENT

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I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Family Room Community Acupuncture. I understand that methods of treatment may include, but are not limited to: acupuncture, moxibustion, cupping, electrical stimulation, massage, Chinese herbal remedies, and nutritional counseling.

ACUPUNCTURE

I have been informed that acupuncture is a safe method of treatment, but it may have side effects including bruising, dizziness or fainting, and numbness or tingling near the needling sites that may last a few days. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, however this clinic uses sterile disposable single use needles and maintains a clean and safe environment.

MOXIBUSTION

Moxibustion involves burning an herb on or near an acupuncture point in order to improve physiological function or treat pain. Burns and/or scarring are a potential risk of moxibustion.

HERBAL REMEDIES AND NUTRITIONAL SUPPLEMENTS

The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that may be recommended are traditionally considered safe in the practice of Chinese Medicine. I understand that the herbs need to be prepared and consumed according to the instructions provided orally and in writing. Some possible side effects of taking herbs are nausea, gas, stomachache, headache, change in bowel movement, or dizziness. Should I experience any unanticipated effect I will immediately notify Family Room Community Acupuncture. I will also keep Family Room Community Acupuncture informed of my current medications.

I understand that some herbs and acupuncture treatments are contraindicated during pregnancy. I will notify Family Room Community Acupuncture if I am or intend to become pregnant.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I also understand that results are not guaranteed. I do not expect Family Room Community Acupuncture to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the above named clinic to exercise judgment during the course of treatment which they think at the time, based upon facts then known, is in my best interest. I understand that I may refuse or stop any treatment.

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 conditions for which I seek treatment.

signature

date

printed name

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

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

signature

date

A copy of the Privacy Policy is available to each patient, please request one if you would like to retain a copy for your file.

FINANCIAL POLICY

vFamily Room Community Acupuncture makes every attempt to make alternative health care, such as acupuncture and Chinese medicine, available to as many people as possible, at the most affordable rates.

In respect for our intentions to offer high quality healthcare at affordable rates, we ask for 24 hours notice in advance of an appointment if it is necessary to cancel or reschedule an appointment.

All appointments that are rescheduled or cancelled with less than 24 hours advance notice, and appointments missed without notice, will be charged a fee equal to the full cost of your appointment. If you have prepaid credit with Family Room Community Acupuncture, the fee will be deducted directly from your credit.

Thank you for your understanding!

Family Room Community Acupuncture

signature

date

printed name