

## **INFORMED CONSENT TO TREATMENT**

I hereby request and consent to the performance of acupuncture and related procedures, including various modes of physio-therapy on me (or on the patient named below, for whom I am legally responsible) by Acumen practitioners.

I understand that methods or treatment may include, but are not limited to acupuncture, acupressure, moxibustion, cupping, massage, hot or cold packs, Chinese or Western herbal medicine, and nutritional/lifestyle counseling.

I have the opportunity to discuss with Acumen practitioners and/or with other office personnel the nature and purpose of acupuncture treatments and other procedures.

Acupuncture has the effect of normalizing physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunctions of the body. I have been informed that acupuncture is a safe method of treatment, but occasionally there may be some bruising to tingling near the needling sites that may last a few days. There have been very rare instances reported in the literature of fainting, infections, scarring, spontaneous abortions, and pneumothorax. Such serious problems have not occurred in this office. We use pre sterilized, disposable needles exclusively.

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 some herbs may be inappropriate during pregnancy. If I become pregnant I will inform you. If I experience any gastro-intestinal onset or allergic reaction to the herbs/nutritional supplements I will inform the office immediately.

I do not expect Acumen practitioners to be able to anticipate and explain all possible risks and complications. I wish to rely on him/her to exercise his/her good judgment to provide treatment which is in my best interest.

I understand the clinical 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.

In the event of a dispute regarding possible malpractice, I agree to use binding arbitration rather than the courts.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above named procedures. 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.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Patient's Name \_\_\_\_\_ (please print)

Signature of parent or Legal Guardian \_\_\_\_\_