

Patient Information and Informed Consent

Information About Chinese Medicine and Acupuncture

Please carefully read each section below, ask any questions, and **initial** each section to indicate your understanding of the information:

- _____ **Acupuncture** is a healing art that involves the stimulation of specific points on the body. It has the intended effect of normalizing body functions, modifying the perception of pain, and treating certain diseases or dysfunctions of the body. The stimulation may be produced by needles, heat, digital pressure, electric currents, or other means, but most frequently by needling. Location and depth of needle insertion is determined by the nature of the problem. Acupuncture is considered a safe method of treatment, but occasionally there may be some bruising or tingling near the needling sites that lasts a few days.

- _____ Insertion of acupuncture needles may be accompanied by a brief painful sensation, and there is a slight possibility of minor swelling, bleeding, discoloration of the skin, hematoma (bruise) at the site of needling, or fainting. Momentary euphoria or lightheadedness may occur after treatment. Some very rare risks of acupuncture include fainting, spontaneous abortion, pneumothorax (a partially or fully-collapsed lung due to air in the chest cavity), and infection.

- _____ Contraindications (symptoms or conditions that make a particular treatment inadvisable) for acupuncture treatment and certain herbs may include a history of bleeding disorder or current anticoagulation therapy, an implanted pacemaker or prosthetic heart valve, use of certain medications, and/or pregnancy. It is important that you notify your practitioner if any of these apply to you.

- _____ **Moxibustion** is heat supplied, either directly or indirectly, by burning the herb *Folium Artemisiae Vulgaris* over a single acupuncture point or group of points. The area being treated may remain red and warm for several hours after treatment. In rare instances, a minor burn may occur at the site of moxibustion.

- _____ **Cupping** is the application of round vacuum cups over a large muscular area, such as the back, to enhance blood circulation to the designated area. Cupping may produce a deep redness, discoloration, and on rare occasions, a minor blister which may persist for up to a week. These marks are not indications of complications or injury.

- _____ **Acupressure/Tui Na Massage** is used to modify or prevent the perception of pain and to normalize the body's physiologic functions. Possible side effects of this treatment include, but are not limited to, bruising, muscle soreness, and the possible aggravation of symptoms existing prior to treatment.

- _____ **Herbs and/or Nutritional Supplements** from the Oriental Materia Medica may be recommended to me to treat bodily dysfunction, to modify or prevent pain perception, and/or to normalize the body's physiologic functions. Herbs are used to facilitate the body's own restorative process. The herbs are typically taken in tea form or mixing powdered granules.

- _____ Herbs are considered safe in the practice of TCM, although some substances may be toxic in large doses. Some dietary supplements are inappropriate during pregnancy, may interact with medications or other supplements, may have side effects of their own, or may contain potentially harmful ingredients not listed on the label. Most supplements have not been tested in pregnant women, nursing mothers, or children. Potential risks include but are not limited to: allergic reactions, nausea, gas, stomachache, vomiting,

headache, diarrhea, rash, hives, and tingling of the tongue. Some possible side effects of applying topical creams, liniments, ointments and plasters are rashes, hives and tingling of the skin.

_____ **Gua sha** means “scraping sha-bruises” and involves using a scraping tool intended to result in minor skin bruising. Some patients experience temporary indentation of their skin after gua sha treatment, and in some instances minor bleeding can occur. If any bleeding occurs, there is an associated risk of infection.

_____ **Infrared and TDP (Teding Diancibo Pu)** lamp therapy consists of warming the skin with a heat source mounted to an adjustable arm and positioned above the body. If the heat source comes into close proximity with or contacts the skin, there is the risk of a burn.

Consent for Traditional Chinese Medicine and Acupuncture Treatment

I have provided my full medical history and description of my complaints and health status, which is complete and accurate to the best of my knowledge. I understand the importance of communicating with all of my health care providers regarding my health status.

I do not have an implanted pacemaker, defibrillator, or prosthetic heart valve. I do not take steroids or anticoagulants. I currently take the following medications: _____

For female patients: I am not pregnant, and my last normal menstrual period began on: _____

The diagnosis given to me conforms to the principles of TCM, and in no way purports to replace allopathic (Western) medical evaluation, diagnosis, or treatment.

No guarantee has been made concerning the use and effects of TCM. I understand that, in some cases, symptoms may relapse or intensify temporarily during the course of treatment before relief is sustained.

I am not required to take recommended herbs or nutritional supplements, but if I do decide to take these substances, I must follow the directions for administration and dosage. I will immediately notify my practitioner of any unanticipated or unpleasant effects associated with herbs or nutritional supplements.

I understand that it is not possible to anticipate and explain all risks and complications. I understand and agree that practitioner will exercise judgment during the course of treatment which they feel at the time, based on the facts known to them, is in the best interest of me as a patient.

I hereby state that I have read and understand this form, that I have been given an opportunity to ask questions, and that all questions have been answered in a satisfactory manner. I wish to proceed with TCM treatment. I understand that I am free to withdraw my consent to treatment, and/or stop treatment at any time.

Patient Name:

Signature of Patient or person authorized to consent on behalf of the patient:

Date:

HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

May we phone, email, or send a text to you to confirm appointments? YES NO

May we leave a message on your answering machine at home or on your cell phone? YES NO

May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed:

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature: _____ Date: _____

Witness: _____ Date: _____