

INFORMED CONSENT TO RECEIVE ACUPUNCTURE

I, _____ (print name) the undersigned hereby authorize the Napa Acupuncture Practice Acupuncturists, licensed in the State of California to perform Chinese Medicine treatments which may include acupuncture, electrical stimulation, moxibustion, cupping, Gua Sha, bleeding techniques, herbal therapy, or dietary and lifestyle recommendations. This authority shall extend to remedying any unforeseen conditions or reactions to treatment(s). I understand that Napa Acupuncture Practice uses only sterile disposable needles and maintains a clean and safe environment. I understand that these treatments are all safe, natural methods of healing and I recognize the potential risks and benefits of these procedures as described below:

POTENTIAL BENEFITS: I understand that I may experience relief of symptoms, improved sense of wellbeing, reduced stress and an overall balance of bodily energies, which may lead to prevention or elimination of main complaint(s).

POTENTIAL RISKS: There is little to no risk of infection when all needles are sterile. NAP uses only one-time use, sterile disposable needles. We do not reuse needles, even at different areas of the body for the same person. NAP does not provide primary care, nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, local infection, or have been prescribed anticoagulant medications like Coumadin, we can still treat you but should be made aware of your condition. I also understand that there are uncommon but possible side effects of acupuncture treatment that may include the following: minor pain or soreness in the treatment areas that may last up to a few days, temporary bruising / swelling, sensations of heat / cold / tingling or numbness, skin irritation or slight bleeding at needle site, generalized fatigue, temporary aggravation of symptoms. I understand that there are very rare side effects to acupuncture treatment that may include the following: Infection at needle site, needle sickness (dizziness, nausea, fainting), broken needles, pneumothorax. I understand that some uncommon but possible side effects of Chinese herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. I understand that I must follow the dosage and directions of the acupuncturist, and I will stop taking any herbs and notify my acupuncturist as soon as I experience any discomfort or adverse reactions.

INITIAL _____

PREGNANCY: I will notify my acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid using points and herbs that could induce premature labor or miscarriage. I agree to contact my practitioner immediately if I experience any problem which I associate with the treatments listed above and will seek immediate help from a physician/ hospital if I experience a medical emergency. During the course of treatment, I agree to inform my acupuncturist of all health issue and medication changes.

INITIAL _____

PRIVACY: I understand that acupuncture at Napa Acupuncture Practice is conducted in a group setting. I understand that my conversations in the group room may be overheard by others receiving treatment nearby. I understand that if I need to have a private conversation with the acupuncturist, it is best to do so by telephone, by e-mail, or by specifically

requesting time to talk privately. I understand that Napa Acupuncture Practice may record medical and other information concerning my treatment. I understand the clinical and administrative staff of Napa Acupuncture Practice may review my patient records, but all my records will be kept confidential and will not be released without my written consent, except when bound by law to do so. I understand that Napa Acupuncture Practice abides by state and federal regulations regarding patient privacy and I know that I can ask for more information regarding these regulations. I understand that I have the right to request to receive a copy of my medical records as maintained by Napa Acupuncture Practice. I permit a copy of this authorization to be used in place of the original. I do not expect the clinical staff of Napa Acupuncture Practice to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment. I voluntarily consent to the above procedures and policies, realizing that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments regarding the cure or improvement of my condition(s). I hereby release the acupuncturists of Napa Acupuncture Practice from any and all liability, which may occur in connection with the above mentioned procedures, except for failure to perform the treatments with appropriate skill as required by their license. I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time. INITIAL_____

FINANCES: Napa Acupuncture Practice is not responsible for lost or stolen goods. Please do not bring valuables into the treatment room. We cannot guarantee their safety. I release Napa Acupuncture Practice from liability for lost or stolen goods. Napa Acupuncture Practice makes every attempt to make alternative healthcare, specifically acupuncture and Chinese medicine, available to as many people as possible, at the most affordable rates. In respect for our intention to offer high-quality health care at affordable prices, we ask for at least 12-hour advance notice if it is necessary to cancel an appointment. All appointments that are cancelled with less than 12-hour advance notice, and appointments missed without notice, will be charged \$30 for that appointment. If appointments have been purchased in a package, the missed or cancelled appointment will be deducted from the number of remaining appointments in that package. If you miss your appointment, you can be seen as a walk-in by the same practitioner with whom you had your original appointment, if they can fit you in. If you want to come later the same day and see a different practitioner, you must pay for both appointments. INITIAL_____

Print Name_____ Date_____

Signature of Patient_____ (or Authorized Representative)

CONSENT TO TREAT A MINOR CHILD: I authorize the clinical staff of Napa Acupuncture Practice to administer Acupuncture and Oriental Medicine as deemed necessary to _____ (print name) who is my _____ (relationship).

Adult's Signature _____ Date _____