



Informed Consent for Acupuncture Treatment

I understand that the treatment I receive at Diamond Stone Oriental Medicine, Inc. is performed by a licensed acupuncturist who is trained in strict standards established for acupuncturists by the National Commission for the Certification of Acupuncturists and Oriental Medicine (NCCAOM). The acupuncturist must abide by the standards set by Occupational Safety and Health Administration (OSHA) regarding proper hygiene and sterilization of equipment, disposal of hazardous materials, Clean Needle Technique, as well as precautions regarding blood borne pathogens. With the use of disposable needles, there is no risk of contracting AIDS or hepatitis from the needles.

I hereby authorize the Diamond Stone Oriental Medicine, Inc. practitioners to perform diagnosis and treatment according to the professional standards of Oriental Medicine and their own professional judgment. This authority shall extend to remedying any unforeseen conditions or reactions to treatment procedures. I understand that the scope of practice for acupuncture includes but is not limited to: insertion of sterile acupuncture needles through the skin, electrical stimulation or the application of heat, moxibustion, cupping, dermal friction, acupressure, herbal therapies, dietary counseling and exercise based on traditional Chinese medical principles, and breathing techniques.

I understand that there are possible unforeseen risks attendant to the performance of these procedures. I have been informed that possible side effects of Oriental medical treatments are rare and may include, but are not limited to, transient bruising, bleeding, skin irritation, mild pain in the treated area, muscle weakness and soreness, brief generalized fatigue or nausea, sensations of heat or cold, tingling or numbness, brief lightheadedness or fainting, broken needles, temporary worsening of some symptoms, and risks of infection or pneumothorax. Herbal remedies may have side effects including, but not limited to gastrointestinal disturbance. Moxibustion can cause burns.

I understand that no promise or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give information to me so that I might make educated decisions regarding the duration and appropriateness of continued care at Diamond Stone Oriental Medicine, Inc. All of my questions have been answered to my satisfaction.

I understand and agree that I am ultimately responsible for the balance on my account and that all information provided is accurate to the best of my knowledge. I understand that all fees are payable at the time service is received.

I understand at least a 24-hour notice of cancellation is required if I need to cancel my scheduled appointment. The 24-hour notice allows waiting list clients to fill this time.

I **have / have not** (circle one) been examined by a licensed physician or other licensed health care provider with regard to my illness or injury. If yes, I will inform the practitioner at Diamond Stone Oriental Medicine, Inc. of that diagnosis.

I **do / do not** (circle one) have a pacemaker or bleeding disorder.

Patient Signature _____ Print Name _____

Witness _____ Date _____