PATIENT CONSENT FORM

1. I, the undersigned, do hereby agree and give my consent for Joshua Geetter L.Ac. doing business as Resource Oriental Medical Services Inc. to provide me with Oriental Medical care and treatment considered necessary and proper in diagnosing and/or treating my physical condition.

2. I understand that a copy of the Notice of Privacy Practices is available for me to read. The HIPPA Privacy Notice describes the Practice's obligation to insure the privacy of my health information. This HIPPA Privacy Notice also describes how the practice may use and disclose my health information for treatment, payment and healthcare operations. I know that I have the right to review the Practice's HIPPA Privacy Notice and to ask for clarification of it. I understand that the Practice is required to maintain privacy of my health information in accordance with the terms of the HIPPA Privacy Notice. A copy of the Practice's HIPPA policy is available upon request.

3. By signing this form, I consent to the Practice's use and disclosure of my health information for treatment, payment, and health care operations. I understand that I have the right to revoke this consent at any time in writing, but if I do, my revocation will not have any effect on any actions the Practice has already taken in reliance on this consent.

4. I hereby assign all medical, physical therapy, occupational therapy, and rehabilitation benefits to which I am entitled, including Medicare, private insurance, Worker's Compensation and third party payers to Joshua Geetter L.Ac doing business as Resource Oriental Medical Services Inc.

5. I authorize the facility to obtain copies of necessary records from any hospital, doctor, or other medical provider who has treated or examined me for any condition that pertains to and improves the facility's ability to provide quality patient care for the rehabilitation services which are being provided.

6. I understand and accept the following possible side effects of the practice of Acupuncture and Oriental Medicine. I further agree to indemnify and hold harmless Joshua Geetter L.Ac and Resource Oriental Medical Services for any side effects of the Practice including but not limited to those listed below.
* Acupuncture can cause a bruise, welt or minor bleeding. The Practice uses every precaution to prevent this.
* Moxa can cause a burn. The practice uses indirect moxa, heat shields and skin salves to prevent this.
* Cupping can cause bruising, welts and temporary skin discoloration. These are part of the intended therapeutic action of suction cups, and as such are effects to be expected.
* Massage can elicit muscle soreness. Associated liniments, salves and oils can cause skin irritation.
* Herbal medicines can cause a range of side effects commensurate with the formula. Herb-drug interactions can occur. The Practice follows all established precautions and herb-drug contraindications commonly observed in the scope of practice and the profession to prevent such effects.
* Electric stimulation of points can cause muscle contraction and pain. The practice uses every precaution to prevent this.
* Dietary, lifestyle and exercise instruction can result in digestive upset and/or injury. The practice uses every precaution to prevent this.

7. I am aware of the Cancellation and no-show Policy. I understand that cancellations are required 24 hours prior to the appointment unless extenuating circumstances prevent otherwise. A $75.00 fee may be imposed for no-shows or late cancellations if the appointment time cannot be filled with another patient.

I have carefully read and understand the above, and I agree to the terms of this Informed Consent document.

Signature of Patient or Authorized Representative Date