

## INFORMED CONSENT TO RECEIVE TREATMENT AND CARE

For your protection and the protection of your practitioner, Minnesota laws give patients the right to know about the treatment they receive. Sometimes, good practice requires that we tell you about risks associated with treatment or the use of medication, as well as the limitations of both. You are always welcome to ask for more details if you wish.

Healing Therapeutics practices Traditional Chinese Medicine (TCM), Acupuncture, Chinese Herbal Medicine and Oriental Medicine, which is a Complementary and Alternative Medicine, also called "CAM". Each patient is treated as an individual and there is no "one size fits all" course of diagnosis or treatment. Healing Therapeutics practitioner will consider CAM modalities, possibly recommending one or more practices, diagnostics, or remedies.

The CAM practices utilized may include, but are not limited to, one or more of the following: acupuncture; dietary supplements; herbal remedies; exercise; lifestyle counseling; medicinal use of nutrition; massage; cupping; gua sha; (scraping therapy); moxibustion; stretching; physical manipulation; electrical muscle stimulation; mind-body techniques; needle retention; tuina (Chinese manipulation); electrical, laser, and/or magnetic stimulation; micropuncture (mild bleeding therapy); diagnostic palpation on various areas of my body; and other energy therapies.

I understand that 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.

I have provided a full history and description of complaints and health status which is complete and accurate. I understand that the need for communication with all of my health care providers regarding my health status is ongoing and necessary.

I understand that 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

Different people react differently to the same treatment or drugs. I understand it is only possible for my provider to properly manage my care only if I communicate any difficulties I am having, or if medications are not effective or causing me discomfort.

I understand that I may stop treatment at any time.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

Acupuncture: I understand that it is a technique using small, sterile, stainless needles inserted at specific points in the body, causing a positive response in order to correct various ailments. Only disposable needles are used. The location of the application of the needles and the depth of the needle insertion is determined by the nature of the problem. I understand that the application of these needles may be accompanied by a brief painful sensation, and that there is a slight possibility of minor swelling, bleeding, discoloration of the skin, hematoma, a bruise at the

needling site or fainting. Momentary euphoria or lightheadedness may occur after acupuncture treatment. The attending acupuncturist can easily handle any immediately reported problems that arise from the acupuncture treatment, and the possibility of minor problems need not be a cause of concern. Some very rare risks of acupuncture include pneumothorax and infection. Burns and/or scarring are a potential risk of indirect moxibustion. Rarely, massage and bodywork may cause a temporary increase of symptoms or new symptoms may present.

Moxibustion: I understand is the application of indirect heat supplied by burning the herb *Folium Artemisiae Vulgaris* (commonly known as mugwort) over a single acupuncture point or a group of points. This generally produces a pleasurable sensation of relaxation. The area being treated may remain red and warm for several hours after treatment. In rare incidents, a minor burn may occur at the site of moxibustion. The attending acupuncturist can readily address this.

Cupping: I understand it uses round vacuum cups over a large muscular area, such as the back, to enhance blood circulation to the designated area. This method may produce a deep redness, discoloration and on rare occasions, a minor blister which may persist for up to a week. These marks may resolve on their own and are not indications of complications or injuries.

Qi Gong: Chinese for “energy work”, I understand it is a non-invasive healing modality that predates the use of acupuncture needles, and incorporates the same therapeutic basis as acupuncture.

Acupressure/Tui-Na Massage: I understand that I may also be given acupressure/tui-na massage as part of my treatment to modify or prevent pain perception and to normalize the body’s physiological functions. I am aware that certain adverse side effects may result from this treatment. These could include, but are not limited to: bruising, sore muscles or aches, and the possible aggravation of symptoms existing prior to treatment. I understand that I may stop the treatment if it is too uncomfortable.

Herbs and Nutritional Supplements: I understand that substances from the *Oriental Materia Medica* may be recommended to me to treat bodily dysfunction or diseases, to modify or prevent pain perception, and to normalize the body’s physiological functions. Herbs are used to facilitate the body’s own restorative process. The herbs are usually taken in tea form by boiling dried plants in their natural form and reducing to granules. Chinese herbal teas tend to taste bitter because they are made mostly from roots and barks. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I do decide to take them.

I understand that recommended herbs are traditionally considered safe in the practice of TCM, although some may be toxic in large doses. I understand that some herbs and 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. I also understand that 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. I will immediately notify my Healing Therapeutics practitioner of any unanticipated or unpleasant effects associated with the consumption of herbal teas, tinctures, topical creams, or patent (pill form) medicines.

I understand that Healing Therapeutics practitioner cannot be expected to be able to anticipate and explain all risks and complications. I understand and agree that my physician will exercise judgment during the course of treatment which they feels at the time, based on the facts know then, is in the best interest of me as the patient. Medicine is very complex. New research and experience constantly provide beneficial changes in diagnosis and treatment. Although every physician wishes to do their best, no physician can guarantee a cure or promise a perfect result in every case.

Contraindications for acupuncture treatment and certain herbs include a history of a bleeding disorder or current anticoagulant therapy, an implanted pacemaker or prosthetic heart valve, use of certain medications, and/or pregnancy.

Potential benefits of treatment include but are not limited to: restoration of health and the body's maximal functional capacity without the use of drugs or surgery; relief of pain and symptoms of disease; assistance in injury and disease recovery; and prevention of disease or its progression.

Notice to pregnant women: All female patients must alert the Healing Therapeutics practitioner if they know or suspect that they are pregnant as some of the therapies used could present a risk to the pregnancy.

Privacy: I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself, or my representative, or unless it is required by law.

I understand that Healing Therapeutics act as separate health care providers. Each provider is individually responsible for its own activities. This includes complying with privacy laws and all health care services it provides. Healing Therapeutics practitioner are not providing health care services mutually or on each other's behalf. Healing Therapeutics providers may share health information as allowed by law or as permitted by me.

I understand that Healing Therapeutics applies reasonable safeguards to protect my Personal Health Information, however, due to the size of the clinic and the semi-private rooms, I understand that an incidental disclosure may occur.

Cancellation Policy: Late cancellation is within 24 hours of a booked appointment. I understand if I cancel with less than 24 hours notice, or if I miss a booked appointment, I will be charged the full price for the appointment. I also understand that if I am more than 15 minutes late to an appointment, the remainder of the time-slot may be given to another patient.

Non-Refundable Payment Policy: I understand that all services and herbs purchased are non-refundable. No refunds will be provided for the full or partial price for any unused services, packages or gift certificates purchased.

### **Patient Authorization and Consent for Treatment**

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; and I understand that I am free to withdraw my consent to treatment at any time, and that this consent will remain in effect until such time that I make known that I choose to terminate it. 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.

Healing Therapeutics Provider Name: Katie Pierson, L. Ac

Patient Name \_\_\_\_\_ **e-Signed On File** \_\_\_\_\_

Signature of Patient \_\_\_\_\_ **e-Signed On File** \_\_\_\_\_  
(or Person Authorized to Consent)

Date \_\_\_\_\_ **On File** \_\_\_\_\_