

## Patient Consent to Treatment and Privacy Policy Acknowledgment Form

*Serenity Acupuncture PLLC | 667 Route 292, Holmes, NY 12531  
914-282-8493 | phyllis@serenityacupuncture.net | www.serenityacupuncture.net*

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- I consent to the performance of acupuncture treatments and other Oriental medicine procedures on me (or patient named below, which I am legally responsible) by the below named acupuncturist.
- I understand that methods or treatments may include, acupuncture, moxibustion, cupping, bloodletting, electrical stimulation, Tui Na (Chinese massage).
- I understand that acupuncture, is not meant to replace conventional biomedicine. I further understand that any Western diagnosis of my condition must be performed by a licensed physician. I understand that the acupuncturist makes no claim about curing my condition.
- I understand that acupuncture therapy involves the insertion of sterilized disposable needles into the skin were by the needles occasionally result in bruising, soreness and superficial bleeding. Moxibustion may cause minor burns. Cupping will cause skin reddening (rash) or minor bruising which will fade away in a few days.
- I have read the above consent and I agree by signing below to treat that this consent form covers the entire course of treatment of my present condition.
- I agree to pay full charges incurred for services rendered, over and above insurance coverage.

\_\_\_\_\_  
Patient's Name

Phyllis Mort  
\_\_\_\_\_  
Acupuncturist Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Acupuncturist Signature

\_\_\_\_\_  
Date

- I acknowledge that I have received a copy of and understand Serenity Acupuncture LLC's Notice of Privacy Policies dated June 24, 2018

\_\_\_\_\_ Patient's initials