Informed Consent to Acupuncture Treatment

I consent to receiving acupuncture and other procedures associated with Traditional Oriental Medicine by Healing Points Acupuncture, P.C. and their affiliates. I have discussed the nature and purpose of these modalities with Healing Points Acupuncture, P.C. and their affiliates in detail.

I understand that the methods used may include but are not limited to: Acupuncture, moxibustion, cupping, gua sha, electrical stimulation, Tui Na (Chinese bodywork), Chinese herbal medicine & nutritional counseling.

I have been informed that acupuncture is safe, but that it may also have side effects, including but not exclusive of, bruising, numbness, or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping and gua sha. Unusual risks of acupuncture include miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, and that Healing Points Acupuncture, P.C. and their affiliates uses sterile, disposable needles and maintains a clean and safe environment. I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that may be recommended are traditionally considered safe, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, diarrhea, rashes, hives and tingling of the tongue.

I understand that herbs need to be prepared and consumed according to the instructions provided. The herbs may have an unpleasant smell or taste. I will immediately notify Healing Points Acupuncture, P.C. and their affiliates of any unanticipated or unpleasant effects associated with the consumption of the herbal teas.

I also acknowledge that my medical doctor is my primary health care provider and is responsible for supervising all changes in diet and nutrients that I am taking.

I will notify Healing Points Acupuncture, P.C. and their affiliates who are caring for me if I am or become pregnant.

I do not expect Healing Points Acupuncture, P.C. and their affiliates to be able to anticipate and explain all possible risks and complications of all modalities. I wish to rely on Healing Points Acupuncture, P.C. and their affiliates to exercise judgment during the course of my visits which they feel at the time, based upon the facts known to them, are in my best interests.

I understand all of my records will be kept confidential and will not be released to any party without my written consent, in full compliance of HIPAA regulations. My signature below indicates that a written copy of Healing Points Acupuncture, P.C. and their affiliate’s Notice of Privacy Practices was provided to me. I have also been informed that if I require additional information about this notice I may call Healing Points Acupuncture, P.C. and their affiliates.

By voluntarily signing below I show that I have read, or have read to me, this consent to all procedures, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of my visits for my present condition and for any future condition(s) during my visits to Healing Points Acupuncture, P.C. and their affiliates.

Patient Name: ________________________________________________________________

Signature: __________________________________________ Date: ______________________