

MARYLAND ACUPUNCTURE CLINIC

CONSENT FORM

1. VOLUNTARY

I hereby voluntarily consent to be treated by Acupuncture administered by *John Howard* acupuncturist licensed in the States of Maryland and Virginia. The procedures involved in this treatment have been fully explained to me. I understand I may be treated with the insertion of needles and/or with herbs and/or with the application of heat to the skin (moxa). I have also been informed of other techniques (electro-acupuncture, auriculotherapy, tuina, and so forth) that may be necessary to the treatment.

I have not been guaranteed any success concerning the uses and effects of Acupuncture and related techniques. I understand that I am free to discontinue treatment at any time.

2. POSSIBLE SIDE EFFECTS/HEALING REACTIONS

I have been advised that Acupuncture and related techniques may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain or discomfort, and temporary aggravation of symptoms existing prior to treatment. I have been explained and understand that topical herbs may in rare cases cause some local reactions. In such cases, I understand that I will immediately discontinue the local application and inform *John Howard*.

3. MEDICAL REFERRAL

Western medical therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed physician. I have been advised that if there is a worsening of my ailment or condition or if it does not improve within the time estimated by the acupuncturist at the beginning of the treatment, or if a new ailment or condition arises, that I should consult a licensed physician.

4. INFECTIOUS DISEASES/CLEAN NEEDLE PROCEDURES

I have been advised that there are infectious diseases carried through the air, through physical contact, and through body fluids. I understand that *John Howard* follows universally prescribed precautions to guard against the spread of infection. In the case of airborne infectious diseases, such as colds and influenza, I understand that practitioners and clinicians are urged not to see patients until they are well. In the case of infectious disease spread by physical contact, such as smallpox, I understand that clinicians and practitioners wash their hands before each patient to guard against contagion by contact. In the case of blood-borne infections, such as hepatitis or HIV, I understand that *John Howard* follows strict precautions.

John Howard uses only sterilized, prepackaged disposable needles except for specialized individual treatments for which I would be informed. The needles used for my treatments are used only on me, and are inserted according to clean needle procedures based on national acupuncture standards. (In cases where special, non-disposable needles are used, the needles are sterilized in an autoclave before they are used again.)

John Howard has reviewed the information on infectious diseases with me, and has invited me to ask any questions I may have about the safety of acupuncture and the precautions he takes.

5. PREGNANCY

I understand that in case of pregnancy or delayed menstrual flow, I must inform the acupuncturist prior to treatment. I understand that in case of pregnancy, acupuncture treatments will be suspended in the majority of cases.

6. PAYMENT POLICY

Our office policy is to collect payment in full at the time of the first visit until such time when benefits can be verified. The payment will be held on account for deductible, future copayments and/or coinsurance; or refunded for the portion that is paid by your insurance.

- I have read this form (sections 1 to 6) carefully.
- I have felt free to ask any questions regarding this process.
- It has been satisfactorily explained to me.

- I agree to the terms stipulated above.

Print Name: _____

Patient Signature: _____ Date: _____