

Merriam Park Acupuncture
Informed Consent

I understand that all of these therapies may be utilized during my course of treatment and that some side effects may occur. I understand I may discontinue these treatments at any time. I will ask my acupuncturist for more detailed descriptions at any time.

Acupuncture is performed by insertion of pre-sterilized, disposable needles through the skin and application of heat or electric stimulation to the needle at certain points on the body. Side effects may include, but are not limited to: bruising, minor bleeding, dizziness, fainting, nausea, temporary aggravation of symptoms, muscle soreness. The most serious side effects, although rare are pneuma-thorax, nerve damage, or infection.

Cupping is a therapy that involves using glass cups applied to an area of the body and applied with a suction device or lighted flame to create suction and used for the therapeutic purpose of invigorating blood flow to an area of the body. Sometimes discoloration of the skin that looks like bruising can happen. Sometimes pain near the suction site can happen.

Chinese herbs may be recommended for internal or external use to balance the body and regulate the body's physiological process. Herbal side effects 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. Herbal medicine is inappropriate for pregnancy. All opened herbal formulas are non-refundable.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that, as with all healthcare approaches, results are not guaranteed, and there is no promise to cure.

I understand that, although Merriam Park Acupuncture is taking every step possible to prevent the spread of COVID-19, the only way to fully protect myself from getting the virus is to stay home. I have read the clinic's COVID-19 procedures and will abide by them. I do not hold Merriam Park Acupuncture liable if I contract COVID-19.

I understand that I am ultimately responsible for any charges if my insurance does not cover my treatments. I will work with Merriam Park Acupuncture on a fair price after all attempts and appeals have been made to get coverage. I authorize my personal information for electronic submission to my insurance company (if applicable).

I understand that a 24 hour notice is required to reschedule or cancel an appointment. I understand that I will be charged a \$40 fee for no shows or late cancelation. I will not be charged for illness, emergency, or inclement weather.

I agree to get text and email reminders. I agree to receive updates via email about Merriam Park Acupuncture. I will call if I no longer want to receive these reminders.

Printed Name: _____

Signature: _____

Date: _____