

Towards Harmony Acupuncture Acupuncture Consent Form

“Acupuncture” means the stimulation of a certain point or points on or near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain disease or dysfunctions of the body. Acupuncture includes the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of apparatus or instrument), and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning artemisia alone or artemisia formulations).

The potential risks: slight pain or discomfort at the site of needle insertion, infection, bruises, weakness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment.

The potential benefits: acupuncture may allow for the painless relief of one’s symptoms without the need for medications or other invasive therapies, and improve the balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.

The Commonwealth of Pennsylvania regulations are:

- 1) *A person may be treated by a licensed acupuncturist for a specific condition for up to 60 days without a medical diagnosis or physician referral.*
- 2) *After 60 days, the patient must obtain a medical diagnosis from a physician to continue treatment.*
- 3) *A patient may be treated for a new condition for up to 60 days without a medical diagnosis or physician referral.*

“With this knowledge, I voluntarily consent to the above procedures.”

Printed Name

Patient Signature

Acknowledgement of Privacy policies

I acknowledge that I have read this SUMMARY OF PRIVACY PRACTICES

Patient signature _____ Date _____

Acknowledgement of respect for practitioner business practices

In respect for my intention to offer high quality health care I ask for 24 hours notice in advance of an appointment if it is necessary to cancel or reschedule an appointment.

All appointments that are rescheduled or cancelled with less than 24 hour advance notice, and appointments missed without notice, will be charged the regular fee for that appointment. If appointments have been purchased in a package, the missed, cancelled or rescheduled appointment will be deducted from the number of remaining appointments in that package.

Patient initials _____

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