

Information and Consent to Services

I have read and understand both the front and back of this form and acknowledge that the purposes, goals, techniques, procedures, limitations, potential risks and benefits of the service(s) to be performed have been explained to me. I have also received the Notice of Privacy Practices and the accompanying will be used and disclosed consistent with this Notice, and that I have the right to request restrictions on certain uses and disclosures of my health information. Further, I have felt free to ask my practitioner questions regarding the proposed services and other pertinent information, including questions about him or her, and have received satisfactory explanations. I understand that I am free to discontinue service(s) at any time.

DISCLOSURES FOR ACUPUNCTURE

Services to be provided

I understand that acupuncture serves individuals with a range of complaints including both acute and chronic healthcare issues. I understand that I may be treated with the insertion of needles and/or with the application of heat to the skin.

Risks, Possible Side Effects and Healing Response

I understand that acupuncture may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain and discomfort, and temporary aggravation of symptoms existing prior to treatment. Generally, the healing response will subside within 72 hours. It is the responsibility of the patient to inform the practitioner of any treatment reactions as soon as possible.

Other Professional Competencies

I am aware of other bodywork modalities and understand that I have consented to the specific service of acupuncture as noted above. I understand that should I need such additional care that my practitioner may offer referrals to a separately licensed professional.

No Guarantees

I know that each person is unique and has ultimate responsibility for his or her own healthcare. I acknowledge that I have not received any guarantee or promises as to the results or success that will be obtained from the services provided.

Infectious Disease Prevention

I understand that infectious diseases are carried through the air, through physical contact, and through body fluids. I understand that my practitioner follows universally prescribed precautions and procedures (such as clean needle technique and hand washing) to prevent the spread of infectious disease.

Patient Responsibilities

I understand that it is my responsibility as a patient to inform my practitioner about all aspects of my health and that, as service progresses, to inform my practitioner of changes that occur. If I experience any pain or discomfort during the treatment, I will immediately inform the practitioner so that treatment may be adjusted to my level of comfort.

Medical Treatment

I recognize that my practitioner is not a substitute for a medical doctor and will not suggest that I discontinue medical treatment. I am free to consult a medical doctor or any other licensed practitioner at any time. I understand also that if there is an emergency, or a worsening of my health conditions, or if a new ailment or condition arises, that I should consult a licensed physician.

License or Certification

I understand my practitioner is a licensed acupuncturist, in good standing, in the state of Maryland and is authorized to only treat in Maryland.

Insurance

I understand some practitioners do submit medical claims on my behalf for reimbursement of services if using CareFirst. Otherwise, I understand it is my responsibility to check with my insurance plan to determine if coverage is provided for acupuncture treatments. I know it is my responsibility to directly submit receipts to my health care provider for reimbursement. Further, I understand, upon request, that my practitioner will provide appropriate patient receipts with diagnostic codes and will cooperate to facilitate repayment. *All services are payable in full at the time of each visit.*

I am aware that acupuncture treatment is not yet reimbursable under Medicaid or Medicare. I have been informed that the Internal Revenue Service allows taxpayers to deduct the cost of acupuncture treatment as a medical expense.

Fees and Charges

I have been informed of the fees for service, and I understand that payment is due when the services are provided. If I do not cancel an appointment at least 24 hours in advance, then I am liable for the treatment fee.

I acknowledge consent for the treatment of acupuncture.

Patient Signature (or patient’s personal representative) Date

Printed Name of Patient (or personal representative and relationship to patient)
