



## Consent for Acupuncture Treatment & Associated Therapies

I, the undersigned, authorize the National and Washington State licensed Acupuncturist, Mia Song L.Ac., Jewell Smith L.Ac., LMP, and Nichole Santoro L.Ac., LMP at Jade Spring Wellness Center to perform the following procedures:

**Acupuncture:** The insertion of pre-sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.

**Electroacupuncture:** Using very small amounts of electricity to stimulate specific acupuncture points.

**Infrared Heat:** Applying heat generated by an infrared lamp over a specific area of the body.

**Cupping:** Glass cups are placed on the skin with a vacuum created by heat or suction device.

**Gua Sha:** a rubbing technique on an area of the body with a round instrument.

**Moxa:** an indirect warming technique on an acupuncture point using an herbal stick, string or ball moxa to relieve symptoms.

**Tuina & Acupressure:** Traditional Chinese medical massage and manual therapy.

**Liniments, Oils, Plasters, Tapes:** Herbal formulas applied topically to the skin.

**Herbal Consultations:** as dietary advice based on the Traditional Chinese Medical Theory.

*I recognize the potential risk and benefits of these procedures as described below.*

**Potential Risk:** discomfort, pain, infection, and blistering at the site of procedure, temporary discoloration of the skin, and even aggravation of symptoms existing prior to the acupuncture treatment.

**Potential Benefits:** drugless relief of presenting symptoms and improved balance of bodily energies, which may lead to prevention, or elimination of presenting health problems.

*I understand that I need to notify the acupuncturist if I have a pacemaker, a bleeding disorder, or if I am pregnant or plan to become pregnant.*

*With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me regarding cure or improvement of my condition. I hereby release Mia Song, Jewell Smith, and Nichole Santoro from any and all liability, which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw consent and to discontinue participation in these procedures at any time.*

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Or of person authorized to consent \_\_\_\_\_ Date \_\_\_\_\_

*With my signature, I acknowledge that I have read the above statement and agree to pay the full office charge for appointments cancelled or broken without 24 hours advance notice. I also understand that my insurance will be billed as a courtesy, if I so request, but any balance is due and payable by me. I authorize Mia Song, Jewell Smith, and Nichole Santoro to release any information required to process my claims and authorize my insurance company to make payment directly to my provider.*

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_