



# Information and Consent to Services

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## 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 Practices Regarding Disclosure of Client Health Information. I understand my health information will be used and disclosed consistent with the 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 and have received satisfactory explanations. I understand that I am free to discontinue services at any time. *To be signed and witnessed before services are provided.*

I hereby voluntarily consent to (please initial all that apply):

\_\_\_\_\_acupuncture \_\_\_\_\_massage/bodywork

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Signed by client (parent or guardian if client is a minor)

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Print Client Name

Date

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Address

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City, State, Zip Code

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Home Phone

Work and/or Cell Phone

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Witnessed

Date

## General Disclosures

### 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 condition, or if a new ailment or condition arises, that I should consult a licensed physician.

### Client Responsibilities

I understand that it is my responsibility as a client to inform my practitioner about all aspects of my health and, as service progresses, to inform my practitioner of changes that occur. If I experience any pain, discomfort or possible adverse side effects, it is my responsibility to immediately notify my practitioner.

Clients who become pregnant should immediately notify their practitioner so that treatment strategies may be adjusted accordingly. Clients who become pregnant should stop taking supplements until advice is received from their practitioner.

### Fees and Charges

I have been informed of the fees for service, and I understand that payment in full is due when services are provided unless a previous agreement has been reached. This responsibility includes co-pays, co-insurances, deductible amounts, non-covered and excluded items not paid by your insurance carrier or other parties that may cover your medical expenses. Except in cases of a true emergency, I understand that I am liable for a missed appointment fee of \$25 if I cancel my appointment the same day of treatment and \$50 for no call, no show.

I understand that Kunlun Mountain Acupuncture will verify my acupuncture insurance benefits as a courtesy. But, because health insurance is an arrangement between myself and my insurance company, I will also contact my insurance company representative to determine if coverage will be provided for treatments and what limitations my plan may have.

Kunlun Mountain Acupuncture agrees to bill my in-network insurance company, or provide me with the properly coded receipt for out-of-network insurance companies, and health of flexible spending savings accounts. I will notify Kunlun Mountain Acupuncture immediately of any changes in my insurance coverage or plan that may affect my benefits. I am responsible for payment of any charges that may occur as a result of failure to notify staff of benefit changes prior to treatment.

I am aware that some insurance companies may require a physical exam conducted by a licensed medical practitioner with a specific medical condition listed on the report, may limit treatment to certain conditions, or may require a medical necessity script or referral for acupuncture. If my insurance requires this, I understand that I will need to complete this prior to receiving services, and that I am responsible for any charges my insurance company does not cover as a result of my failure to provide my practitioner with the required documentation.

My insurance company may require additional evaluation information to be submitted on a monthly basis, when there has been a considerable change in your symptoms, or when a new symptom has occurred in order to determine that continued treatment is necessary. Kunlun Mountain Acupuncture reserves the right to bill for this additional required service, and patients with a percentage based co-insurance may see an increase in payment due on days that such re-evaluation occurs.

#### **No Guarantees**

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

#### **License or Certification**

My practitioner is licensed to perform services as required by the State of Maryland. I recognize that Maryland does not license herbal practitioners and practitioners of certain types of energy work and health counseling and that any statement of certification or credentials for such services is for information purposes only.

### **Acupuncture and Oriental Medicine Services to be Provided**

I understand that acupuncture serves individuals with a wide range of medical conditions including both acute and chronic health care issues. I understand that the term "acupuncture" describes a variety of methods and styles to stimulate specific anatomic points in the body, including the insertion of needles, the use heat through the application of moxabustion to the skin, and manual, mechanical, thermal, or electrical therapies performed in accordance with the principles of Oriental acupuncture medical theories.

I understand that the full practice of Oriental Medicine includes the use of Chinese herbs, chinese nutrition, and exercises such as medical Qi Gong and Tai Chi. My practitioner may recommend the use of herbal supplements, specific nutritional changes, or

such exercises as part of my overall treatment plan. I am under no obligation to follow such recommendations, however I understand that not doing so may decrease treatment success.

#### **Risks/Possible Side Effects**

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. Serious side effects are extremely rare, and may include pneumothorax.

The historical record and modern research indicate that the herbal supplements most often used for health care have an exceptional safety record. However, adverse events can occur after using any active substance. Side effects that have been occasionally reported after using supplements include headaches, skin rashes and digestive upsets. Such effects generally resolve rapidly, especially if the dosage is reduced or stopped. Allergic reactions are also very rare but have been reported, usually in individuals with contact allergies to certain plants. Your practitioner may be able to propose measures to reduce discomforts or may refer you to a licensed practitioner.

#### **Supplement-Drug Interaction and Toxicity**

Although speculative interactions between supplements and drugs are sometimes published, confirmed cases are rare. Nevertheless, some prescribed medications and drugs are very strong and have a narrow range of safe dosage, which makes any interaction more risky. It is the responsibility of the client to disclose fully any medications or drugs currently in use, including other herbs and supplements, so that he or she can be offered informed advice. Patients also should inform their physicians of any herbs or supplements they are using. Any suggestion that the effect of a drug is being altered by simultaneous use of a supplement should be reported directly to all health professionals involved. It is also advisable to stop taking supplements at least 48 hours before surgical operation and in the event of being prescribed anticoagulants, antiepileptic drugs and digoxim until expert advice is received.

Practitioners at Kunlun Mountain Acupuncture will not knowingly expose clients to supplement dosages known to have toxic effects. The organs that are most vulnerable to any potent substances are the liver and kidneys, and it is important for the client to divulge any previous history or disease involving either of these organs.

#### **Infectious Disease Prevention**

I understand that infectious diseases are carried through the air, through physical contact, and through bodily 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.

### **Massage/Bodywork**

#### **Services to be Provided**

I understand that the massage/bodywork I receive is for the therapeutic purpose of relaxation and relief of muscular tension.

#### **Risks/Possible Side Effects**

I understand that I may experience pain or discomfort from a massage/bodywork. If I experience these symptoms during the session, I will immediately inform the practitioner so that the pressure may be adjusted to my comfort level.