**Informed Consent Form for Patients of**

**Vibrant Health Center, LLC (VHC)**

**Instructions:** This is a medical consent form. It is for new patients who visit VHC. Please read it carefully. Then sign the form where indicated. Signing the form tells us that you have read and understand what it says. A copy of this form is posted and available to any patient upon request.

I hereby request and consent to the performance of acupuncture and other procedures within the scope of the practice of acupuncture on me (or the patient named below, for whom I am legally responsible) by the acupuncturist indicated below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion and heat therapy, cupping, electrical stimulation, Tuina and Shiatsu (Chinese Massage), Chinese herbal medicine and nutritional counseling.

**General Information About Traditional Chinese Medicine**

**Acupuncture** is a form of traditional medicine. It was developed in ancient China and it has been used successfully for many centuries. Acupuncture can treat many different health problems, and is known to be very safe. Treatments are done by highly trained practitioners, using fine solid metal needles. They are inserted at special locations just beneath the skin. The needles are sterile and they are used one time only, then thrown away. Most patients do not feel the needles and others feel some sensations (usually mild).

**Electro-Acupuncture** is similar to acupuncture, but is of recent origin (20th century). A mild electric current is applied to the needles. Some patients feel a mild tingling sensation when electro-acupuncture is used.

**Moxibustion and Heath Therapy** is a traditional therapy that can be used with acupuncture or electro-acupuncture. Heat is applied near the skin at special locations. A traditional herb is often used in moxibustion treatments. Heat therapy can include heat pads and TDP lamps.

**Cupping** is another therapy that may be used by acupuncturists. It included heat and suction. Special cups are often used. This therapy is frequently used on the back.

**Nutritional Consulting and Traditional Chinese Herbs** are used by acupuncturists to treat a variety of illnesses and conditions. Special herb formulas can be used along with acupuncture. Herbs can help the body’s systems to heal or work better. Herbs can be strong medicine, so it is important to follow dosage directions carefully.

**Tuina and Shiatsu** are two forms of traditional massage. They are sometimes used alone; sometimes in addition to acupuncture. They may help with physical conditions and relieve symptoms as well as promote overall wellness. They may also help the body to heal better generally.

**What to Expect at VHC**

**Primary Care Doctor:** A primary care doctor is often a patient’s first contact for medical help. I understand that in Oregon, Acupuncturists are not considered primary care doctors. I understand that I should have my own primary care doctor before seeking treatment. If I do not have a doctor, I will inform my practitioner about this. I understand that I may be asked to see a doctor before being treated and that my medical records may need to be requested in order to achieve successful treatment.

**Service Animals:** I understand that sometimes service animals (e.g., guide dogs) may be allowed in the clinic. These animals may be helping other patients.

**Confidentiality and Patient Privacy Policies:** I understand that any information about my health conditions and treatments I receive is private. VHC staff is trained to keep information confidential. VHC’s patient privacy policies always follow U.S. federal privacy rules. My practitioner will give me a copy of VHC’s privacy policies if you have any questions.

**Financial Policies:** I acknowledge and understand that I am responsible for any and all fees that incur at time of service which are not covered by my insurance plan. Late cancellations (less than 24 hours notice except in extenuating circumstances) and missed appointments are billed to patient accounts in a balance equivalent to half of the service scheduled and must be paid in full prior to scheduling any future appointments. I understand that at the discretion of VHC staff and as a courtesy to me, I am allowed one late cancellation or missed appointment at no charge each calendar year. A finance charge of 1.5% per month (18% APR) is added to any overdue accounts (those not paid within 30 days). Insurance claims are processed as quickly as possible and VHC makes their best effort to get my treatments covered. However in the event that my insurance does not cover my treatment I am responsible for payment in full.

**Information about Potential Risks or Side Effects:** Although acupuncture is typically painless sometimes acupuncture can cause pain or discomfort. Minor bruising or bleeding may occur. Sometimes patients may feel dizzy or faint. In extremely rare cases, lung puncture (pneumothorax) may result and immediate medical attention is necessary. Electro-acupuncture can sometimes cause tingling or very mild electric shocks. Moxibustion may (very rarely) cause burns or scarring. Cupping may cause bruising or (very rarely) burning or scarring. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine. I understand that some herbs may be inappropriate during pregnancy. I will notify a clinical staff member who is caring for me if I am or become pregnant. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue. If used on the skin, herbs may cause skin irritation. If I take herbs and they cause problems, I understand that I should stop taking them immediately. I will immediately notify a member of the VHC staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

**Acknowledgement:** My practitioner named \_\_\_\_\_\_AGNIESZKA KEMP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has explained this consent form to me and the information it contains. Any questions I had were answered. I have received a copy of this form to keep and I consent to receive treatment at VHC. I understand there are no guarantees and that acupuncture may not work in my case. I understand that other kinds of treatment may work better. This may include treatment by a Western medical doctor. I understand that I may stop treatment at any time.

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 results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition and for any future condition(s) for which I seek treatment.

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**PATIENT SIGNATURE DATE**

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**PATIENT’S NAME (PLEASE PRINT) PATIENT’S DATE OF BIRTH**