



Consent to Treatment & Policies

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below for whom I am legally responsible) by Lauren Mund, Dipl. O.M., L. Ac. 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 Lauren Mund, Dipl. O.M., L. Ac. including those working at the clinic or office with Lauren Mund, Dipl. O.M., L. Ac. or any other office or clinic whether signatories to this form or not.

Initials: _____

Acupuncture involves the insertion of special needles into particular points on the body. The purpose of treatment is to prevent or reduce pain and to help your body function better. Some risks to acupuncture treatment include: bruising, numbness or tingling near the needling sites that may last a few days, dizziness or fainting, and aggravation of pre-existing symptoms. Risk of infection is minimal as the clinic uses sterile disposable industry-standard needles and maintains a clean and safe environment. Needles are not re-used even at different areas of the body and are not left in the body. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage or organ puncture, including lung puncture (pneumothorax). I understand that while this document describes the major risks of treatment, other side effects and risks may occur.

Initials: _____

I understand that methods of treatment may include, but are not limited to, acupuncture, acupressure, Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally or in writing. The herbs may have an unpleasant smell or taste. I will immediately notify the acupuncturist or member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

Initials: _____

The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been suggested are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue.

Initials: _____

If you are pregnant, have a bleeding disorder, pacemaker, high blood pressure, local infection, or have been prescribed anticoagulant medications like Coumadin, you can still be treated but you must inform us of your condition.

Initials: _____



Blue Heron Acupuncture & Herbs

302-344-7333

www.blueheroncacuherbs.com

Blue Heron Acupuncture & Herbs does not provide primary care nor Western (allopathic) medical care. Please see your medical doctor for those services and for routine check-ups. We encourage you to inform your doctor(s) of your decision to receive acupuncture. I understand that I have been advised of the importance of seeing a physician in regards to any medical condition I might have.

Initials: _____

Cancellation Policy

In respect for our intention to offer high-quality health care at affordable rates, we ask for at least 24 hour advance notice if it is necessary to cancel an appointment. All appointments that are cancelled with less than 24 hour advance notice, and appointments missed without notice, will be charged for that appointment.

Initials: _____

Privacy Policy

In accordance with HIPAA (Health Insurance Portability and Accountability Act) regulation, Blue Heron Acupuncture & Herbs (BHAH) takes your right to privacy seriously and does not transmit any patient information electronically. We do not disclose any health, financial, contact or any other information about you or the services we provide to you to any third parties without your request or permission.

You have the right to read, review and copy your health information, including your complete chart and billing records. If you would like a copy of your health information please inform us in writing. We may need to charge you a reasonable fee to duplicate and assemble your copy.

You have the right to ask to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. To amend your information, please provide a request in writing and describe your reason for the change.

Initials: _____

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(s) for which I seek treatment.

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|-----------------------------|-------|
| Patient Name (please print) | Date: |
| Patient Signature | |

(Or Patient Representative; Indicate relationship if signing for patient.)