



INFORMED CONSENT FOR TREATMENT

I understand that the scope of practice of acupuncturists according to Minnesota State Law includes, but is not limited to, the following forms of therapy which all have benefits for specific types of problems:

USING ORIENTAL MEDICAL THEORY TO ASSESS AND DIAGNOSE A PATIENT;
USING ORIENTAL MEDICAL THEORY TO DEVELOP A PLAN TO TREAT A PATIENT.

TREATMENT TECHNIQUES MAY INCLUDE:

- Insertion of sterile, single-use, disposable acupuncture needles through the skin
- Acupuncture stimulation including, but not limited to, electrical stimulation or the use of moxibustion
- Cupping
- Tuina Massage
- Dermal Friction
- Acupressure
- Herbal Therapies
- Dietary counseling based on Traditional Chinese Medical principles

RISKS OF THE ABOVE FORMS OF THERAPY INCLUDE:

- Acupuncture needles inserted into the skin can cause **pain or discomfort, bruising, infection, risks of feeling weak, fainting or nausea, and broken needles**. Risk of fainting, weakness and nausea are increased with an empty stomach, alcohol or drugs.
- Electro-acupuncture can cause some conditions to worsen. It should be used with caution in cases where the patient has a heart condition. It should not be used across the midline of the body.
- Moxibustion can cause burns when used in areas with compromised sensation and/or circulation or when improperly used.
- Acupressure, cupping, Tuina massage and dermal friction may cause bruising and/or soreness.
- Herbs have different properties and may have adverse reactions/side effects if improperly used.

I hereby acknowledge that I have been advised of the benefits and risks of acupuncture. I understand these risks and benefits and consent to accept treatment using these methods. I agree to release the below named acupuncturist from all legal responsibility for practices done here except in the case of negligence or unsafe practice on the part of said acupuncturist. I am aware that other modalities of healing, which may be used during my treatment, may include visualization, guided imagery, and Healing Touch.

I understand that Stephanie Hylla, DAC, LAc, Christian Jovanovic, DACM, LAc, Sarah LaVaque, MAc, LAc, and Suzanne Huntsman, MAc, LAc completed a formal program of study from an accredited university, are certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), and are licensed with the State of Minnesota by the Minnesota Board of Medical Practice.

I do / do not have a pacemaker.

I do / do not have a bleeding disorder.

I have been / have not been examined by a physician or other licensed health care provider for what I am being treated for today.

You are advised to see your physician about the problem for which you have come here to be treated.

Patient Signature _____ Date _____

Authorized Signature (Parent or Legal Guardian) _____ Date _____

Acupuncturist Signature _____ Date _____