

**ACUPUNCTURE & INTEGRATIVE CHINESE MEDICINE
INFORMED CONSENT TO TREAT and Financial Policy**

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 Wai Acupuncture & Integrative Chinese Medicine, 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 Wai Acupuncture & Integrative Chinese Medicine, 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, Frequency Specific Microcurrent, Moxibustion, Cupping, Tui-Na (Chinese massage), TDM Heat Therapy, Chinese herbal medicine, Cold Laser, Ultra Sound, Functional Medicine Analysis, Lab Testing and Blood work, Nutritional counseling, Pharmaceutical Grade Supplements, B12, B12/B6, MIC and 10B injection.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. I have received B12/B6 injection information and understand the adverse side effects of B12/B6 are quite rare but can include mild diarrhea, insomnia, anxieties or panic attacks, heart palpitations, breathing problems, chest pains, skin rash, hives, or itchy skin.

I understand that the herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. 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, although some may be toxic in large doses. 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.

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(s) for which I seek treatment. I release Wai Acupuncture and associated or related entities from any and all liability arising from or in connection with the treatments.

Cancellation, No Show and Financial Policy:

- All self-pay patients will be given free membership to "Patient Options" in order to enjoy discounted pricing.
 - Fee may be adjusted in the future to reflect change in clinic operational cost. You will be notified when there is an adjustment.
- Please pay prior to treatment. Upon request we will provide a receipt at time of payment. We will not be providing year-end statements/super bills. If you made an appointment, we reserved that time for you and ask that you notify us as soon as possible if you cannot keep your appointment. Unless there is an emergency, we require at least 24 hours notice for rescheduling or cancellation. For "No Call, No Show", we will cease to provide service to you immediately and you forfeit your prepayment if any. You are required to come to the office in person for a mediation session before service can be resumed and a fee may be assessed.

Acupuncturist : Dr Nancy Chau, Wai Acupuncture & Integrative Chinese Medicine	
Patient Name (Please Print) :	
Patient Signature :	Date: ____/____/20____