

Informed Consent for Acupuncture Treatment

Middle Path Acupuncture & Oriental Medicine

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In accordance with state law (WAC246-802-120), I bring forth the following information to your attention:

1. Practitioners' Qualifications:

- a. Bastyr University, Kenmore Washington, Masters of Science degree in Acupuncture and Oriental Medicine, 2007, 2006
- b. Washington State Department of Health license # 2972 & 2996
- c. NCCAOM Diplomat

2. Scope of Practice:

The scope of practice for an acupuncturist in the state of Washington includes but is not limited to the following techniques:

- a. Use of acupuncture needles to stimulate acupuncture points and meridians.
- b. Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.
- c. Moxabustion (heating a point by burning an herb or herbal formula).
- d. Acupressure (manual therapy on acupuncture points).
- e. Cupping (glass or plastic cups placed on the skin using heat or mechanical means to create a vacuum).
- f. Gua Sha (dermal friction caused by scraping the skin with a blunt object).
- g. Infra-red therapy (therapeutic heat lamp).
- h. Sonopuncture (tuning forks, singing bowls).
- i. Point injection therapy (aquapuncture).
- j. Laserpuncture (stimulation of acupuncture points with laser light).
- k. Dietary advice based on traditional Chinese medical theory.

3. Side Effects:

The following side effects may occur and are not limited to the following:

- a. Some pain following treatment in the insertion location (uncommon).
- b. Minor bleeding from insertion location (occasionally).
- c. Minor bruising (occasionally).
- d. Infection (rare).
- e. Needle sickness (feeling faint or dizzy, rare).
- f. Broken needle (almost unheard of).

(Not to mention are many other potential side effects of treatment which are much more common: acquisition of a deeply relaxed state, drugless relief of your condition, enhanced well being, improved immunity and increased mental clarity and insight.)

4. Patients with Severe Bleeding Disorders or Pace Makers

Patients with severe bleeding disorders or pace makers should inform practitioners prior to treatment. In accordance with WAC246-802-110:

If you are affected by any of the following conditions, I am required to request that you consult with a physician and provide a written diagnosis from same or have the physician call me:

- a. Cardiac conditions including uncontrolled hypertension;
- b. Acute abdominal symptoms;
- c. Acute undiagnosed neurological (numbness or tingling, etc.) conditions;
- d. Unexplained weight loss or gain in excess of 15% body weight with in a three month period;
- e. Suspected fracture or dislocation;
- f. Suspected systemic infection;
- g. Any serious undiagnosed hemorrhagic (bleeding) disorder;
- h. Acute respiratory distress without previous history or diagnosis, or
- i. Cancer.

* Please inform me if you suspect or know you are pregnant.

* To reduce the possibility of infection, all needles are pre-sterilized, single-use needles made of surgical stainless steel.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Jeff Lippincott and/or Tom Luerken regarding cure or improvement of my condition. I hereby release Jeff Lippincott and/or Tom Luerken from any and all liability which may occur in connection with the above mentioned procedures except for failure to perform those procedures with appropriate medical care. I understand I am free to withdraw this consent and discontinue participation in these procedures at any time.

Name (please print)	Date
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Signature of patient or person legally authorized to give consent	Date
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FINANCIAL AGREEMENT

Non-insurance Patients: Unless prior arrangements have been made, payment in full shall be made at the time of service. *Insurance Patients:* Payment of any balance after insurance processing is the patient’s responsibility. In all cases, 24-hour notice should be given for appointment cancellation; otherwise, your account will be charged for the missed appointment.

Patient signature