

## Informed Consent to Treat

I hereby request and consent to the performance of any style of Traditional Chinese Medicine (TCM) including acupuncture and Chinese Herbal Medicine 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 the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while working or are associated with, or serve as a backup for the acupuncturist named below, including those working at this office or any other office, whether signatories to this form or not.

I understand that methods of acupuncture treatment may include, but are not limited to, acupuncture, moxibustion, cupping, gua sha, electrical stimulation, bloodletting, Chinese or Western herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling site that may last a few days, and dizziness or fainting. I understand that I should not make significant movements while the needles are being inserted, retained, or removed. Bruising is a common side effect of cupping and gua sha. Unusual risks of acupuncture include nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the acupuncturist below uses only sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. 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 natural medicine within the dose prescribed. 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. I will notify a clinical staff member who is caring for me if I am or become pregnant or if I experience any side effects from an herb formula or supplement I have been prescribed.

In regards to the current epidemic outbreak of COVID-19, I will receive treatment to generally improve the health of my immune system and overall well-being, according to the experience and knowledge from my clinician and the recommendations from their Chinese TCM colleagues who have been working with corresponding COVID-19 medical conditions in China. I understand none of these treatments have been approved by the Centers for Disease Control or the FDA to prevent, cure, or treat COVID-19. In the event that I may have been exposed to, or have contracted COVID-19, I will inform my clinician and contact my physician immediately.

I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, and 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 is applied 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, this 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 signature)

(Or Patient Representative)

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(Date)

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(Practitioner signature)

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(Date)