

**ACUPUNCTURE AND ORIENTAL MEDICINE INFORMATION AND INFORMED CONSENT**

ACUPUNCTURE INFORMATION

I have been informed by Mary C Thuermer, L.Ac/Beautiful Life Acupuncture that acupuncture is performed by the insertion of pre-sterilized disposable acupuncture needles through the skin. A treatment may also consist of the application of heat and/or electrical stimulation to the skin at certain points on the body, gua sha, moxibustion or cupping. Acupuncture may affect people on all levels including physical, mental, emotional and spiritual because it works with the whole body to create balance. The duration of the treatment varies from person to person depending on their specific illness and constitution. I understand that there is no stated or implied guarantee of success or effectiveness of treatment after a specific treatment or series of treatments. I intend this consent form to cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

BENEFITS AND RISKS

The benefits and risks of receiving acupuncture and oriental medicine treatments have been explained to me. As a result, I understand the following information:

- Certain side effects, although rare, may result from acupuncture. They include but are not limited to :
  - 1) Minor bruising
  - 2) Needle sickness
  - 3) Broken needles
  - 4) Some pain/numbness around the points of needle insertion
  - 5) Risks of infection
  - 6) Potential side effects of nutritional supplements and herbs
  - 7) Gua sha and cupping can create significant petechia that often fades within a few days
  - 8) Minor burns from moxibustion/cupping

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL RECORDS/NOTICE OF PRIVACY PRACTICES (PER HIPAA)

Regarding my medical records, I understand that Mary C Thuermer, L.Ac may record medical and other information concerning my treatment in electronic and/or other physical forms. Such information may be released by her for the purposes authorized on this form. I also understand that portions of my medical records may be disclosed to qualified non-clinical personnel for the purpose of conducting scientific or statistical research, management, or financial audits, licensure and program evaluation without my expressed consent. I further understand that the practice of acupuncture and oriental medicine is not an exact science, thus I acknowledge that no guarantees have been made to me as the result of treatment or examination by Mary C Thuermer, L.Ac.

RECORDS RELEASE AUTHORIZATION

I direct my previous health care provider to release medical records to Mary C Thuermer, L.Ac upon my explicit consent. This authorization is not intended to allow the release of records regarding my treatment for services requiring a restricted release under state or federal law.

PAYMENT AND CANCELLATION POLICIES

I understand that I am responsible for my bill for treatments received from Mary C Thuermer, L.Ac./ Beautiful Life Acupuncture at the time of treatment. If you need to cancel, please give at least 24 hours notice. Some insurance companies will reimburse for acupuncture. A receipt or superbill can be provided for your use in seeking reimbursement from your insurance company. We accept cash, credit cards or local checks.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

BEAUTIFUL LIFE ACUPUNCTURE, MARY THUERMER, L.AC, DIPL.OM

CONSENT TO TREAT A MINOR CHILD

I authorize Mary C Thuermer, L.Ac and whomever he/she designates as assistants to perform acupuncture and oriental medicine care as deemed necessary to my \_\_\_\_\_  
(relationship).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_