

Practitioner/Acupuncturist: Lynn S. Belcher, L.Ac., (AC12218)  
Consent for Treatment

### **Traditional Chinese Medicine Treatment Inclusions**

Diagnostic and treatment methods of traditional Chinese medicine combine use of acupuncture, Chinese herbal medicine (including herbs, plant, animal, and mineral products) and other modalities such as Tui Na or Chi Nei Tsang massage, acupressure, cupping, moxibustion, nutritional counseling, breathing techniques, exercise, heat, cold, magnets and dietary supplements to promote, maintain, and restore health. **If you would like more information about any of the above practices/methods please don't hesitate to ask.**

### **Course/Length of Treatment**

Generally, conditions of shorter duration require shorter lengths of treatment, while chronic conditions may require months or years of treatment. Factors which may impact the length and course of treatment include frequency of visits, compliance with herbal prescriptions, lifestyle and behavioral dynamics (diet, exercise, stress level, etc.), your physical and psychological history and constitutions and other factors. **Please feel free to discuss the length and course of your treatment with your practitioner at any time.**

### **Risk**

Acupuncture, Chinese herbal medicinals, and related therapies are generally safe methods of treatment when administered by a licensed practitioner. However, as with any medical procedure, side effects and/or negative outcomes may occur, including but not limited to: pain, bruising, bleeding, swelling, numbness and/or tingling near the needling sites that may last a few days, and dizziness or fainting. Marks resembling a bruise are a common side effect of cupping and usually dissipate within a week. Moxibustion may result in irritation to the eyes, nose, lungs or skin and may also cause burns and scars. Treatment with heat lamps and liniments may result in skin irritation and/or burns. Some Chinese herbal decoctions may be inappropriate during pregnancy.

Other possible side effects of taking herbs are unpleasant taste, digestive discomfort, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. If you believe you may be experiencing any treatment side effect, please inform your practitioner at your earliest opportunity, or if appropriate, seek immediate medical care by calling 911 or going to an emergency room. *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 disposable single use only needles and maintains a clean and safe environment. 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 will notify my practitioner immediately if I experience any unanticipated or unpleasant effects associated with the consumption of the herbal teas.**

*I will notify my practitioner if I am or become pregnant.*

**Attendance/Late Cancellation Policy**

If I am unable to attend a pre-scheduled appointment, I agree to cancel **at least 48 hours in advance**. I understand that failure to do so will result in my being charged the full amount of the session. I also understand that if I am more than 15 minutes late to an appointment, the remainder of my session may be shortened accordingly, and I am responsible for the full payment of the appointment. Please understand that available appointments are limited and thus valued for both patient and provider. Canceling too close to the appointment time restricts other patients from benefitting from an otherwise available session.

**Fees**

You are responsible for all fees at the time of treatment. A \$35 fee will be charged for any returned checks.

**Discontinuation of Services**

You may elect to discontinue your treatment at any time. While it would be unusual for your practitioner to refuse services, treatment may be declined at any time. Reasons for termination of services include, but are not limited to: abusive or disrespectful behavior; significant unpaid account balances; ongoing violations of office policies regarding attendance and tardiness; and treatment non-compliance.

**Insurance**

Clear Pathways Acupuncture and Wellness does not accept direct payment from health insurance providers. Should you desire to use your health coverage to pay for your treatment, you will be responsible for payment at the time of each treatment, regardless of the status or ultimate outcome of your insurance claim. **If you would like treatment documentation to request reimbursement from your health insurance provider, please inform your practitioner before you begin your treatment, and you will be provided a “superbill”.**

**Privacy**

I understand that my practitioner may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent (unless in an emergency or by legal demand/request for records).

I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment, and I choose to rely on my practitioner to exercise judgment during the course of treatment that she deems appropriate at the time, based upon the known information in consideration of my best interests. **I do not expect my practitioner to be able to anticipate and explain all possible risks and complications of treatment.**

**By voluntarily signing below, I show that I have read (or have had read to me) and understood this consent to treatment. I have been told about the risks and benefits of acupuncture and related therapies and have had an opportunity to ask questions. This consent form shall cover the entire course of treatment for my present condition and for any future condition which I seek treatment.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_