

# Informed Consent for Eastern Medicine Treatment

Teresa Jansen, EAMP, L.Ac.

**Purpose of treatment:** The purpose of the treatment is to resolve your complaint, i.e., the reason you are seeking treatment. “Eastern Medicine” is a health care service utilizing Eastern Medicine diagnosis and treatment to promote health and treat organic or functional disorders.

**Nature of treatment:** The scope of Eastern Medicine practice includes acupuncture, electroacupuncture, moxibustion, acupressure, cupping, Gua Sha (dermal friction), infrared, sonopuncture (sound stimulation), laserpuncture, point injection therapy (aquapuncture); dietary advice and health education based on Eastern medical theory; herbal, vitamin and nutritional supplements; breathing, relaxation and exercise techniques; Qi gong; East Asian massage and Tuina; and heat and cold therapies.

**Benefits of treatment:** Acupuncture and Eastern Medicine procedures have been used effectively to treat disease for thousands of years. The World Health Organization lists over 60 conditions which are effectively treated by acupuncture. These include muscular-skeletal injuries, digestive difficulties, respiratory diseases, women’s health issues, etc. This record does not allow a guarantee of any individual course of treatment.

**Risks of treatment:** Eastern Medicine procedures have been shown to be relatively safe. There are some uncommon but potential risks, which include discomfort during and after treatment; “needle sickness,” which includes dizziness or fainting; localized but minor bruising or swelling; minor burns from moxibustion; infection (which is rare with the use of disposable needles); broken needle; and temporary aggravation of symptoms that existed prior to treatment.

Please notify the acupuncturist if you have any adverse effect from treatment. We would be glad to work with you to overcome any adverse effect.

**Special situations:** You should inform the acupuncturist if you have a severe bleeding disorder or are wearing a pacemaker or other electronic medical device. In addition, some herbs and acupuncture points are contraindicated during pregnancy. Notify the acupuncturist if you are pregnant, or if you might be pregnant.

**Confidentiality of medical records:** Your medical records are not released to anybody without your written consent. If data from this clinic are used in research, all identities and individual records are kept confidential. Please see our HIPAA policies page for more information.

**Required consultations:** Washington State law requires acupuncturists to receive a written diagnosis or to consult with a primary care provider (MD, DO, ND, PA, ARNP) before treating patients with any of the following potentially serious disorders: cardiac conditions, including uncontrolled hypertension;

acute abdominal symptoms; acute, undiagnosed neurological changes; unexplained weight loss or gain in excess of 15% of body weight within three months; suspected fracture or dislocation; suspected systemic infection; any serious, undiagnosed hemorrhagic disorder; and acute respiratory distress without previous history or diagnosis. This consultation requires your authorization; if you refuse the authorization or do not provide a recent diagnosis from the physician, you will have to sign a waiver so that treatments may continue.

**The Consent Part**

By signing below you request and consent to the performance of acupuncture and Oriental medicine treatments. You are free to withdraw your consent and stop treatment at any time.

You understand that your signature indicates that you have read and understand the preceding information and that you will ask the acupuncturist if you have any question about it.

You release Teresa Jansen, AEMP, L.Ac. from any and all liability that may occur in connection with the treatments, except for the failure to perform the procedures with appropriate medical care.

Your signature also authorizes the release of any medical information necessary to process a claim for insurance benefit coverage including the authorization to release any medical or other information necessary to process insurance claims related to treatment to Provider’s private medical billing company PUGET SOUND MEDICAL BILLING AND CONSULTING. It does not authorize release of medical information for any other purpose.

Your signature also indicates your understanding that you are ultimately responsible for all financial obligations for treatments.

**Patient’s Name (Please Print)** \_\_\_\_\_

**Patient’s Signature** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(Legal parents (all parents if legally required)/guardian)

DATE

(Please initial)\_\_\_\_\_ I understand that if I make an appointment and do not cancel that appointment 24 hours in advance, I will be charged \$50 for that missed appointment.

**Received by** \_\_\_\_\_ **Date** \_\_\_\_\_

*Qualifications: Teresa Jansen is licensed by the State of Washington Department of Health to practice Eastern Medicine, including acupuncture. Her license number is AC00002436, first awarded in 2004. She was awarded a Master’s Degree in Acupuncture and Oriental Medicine in 2003 by Bastyr University. National Certification was awarded by the NCCAOM in 2004.*