



CONSENT FOR TREATMENT

General Information: The Kang Wen Community Clinic is an oriental medicine clinic and uses a variety of complementary and alternative medical (CAM) treatment modalities. Our providers may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns. Due to the diversity of modalities in CAM, your treatment may include any or all of the following general modalities:

- **Acupuncture:** Insertion of fine solid needles into the body. There may be some sensation, such as, heaviness, numbness, warmth, tingling, electrical, which should not be associated with pain, and is normal. There may be some residual sensation following the removal of the needles. Although care is taken on insertion, occasionally bruising or sensitivity at the insertion point may occur and resolves within a few days. Acupuncture may induce feelings of deep relaxation, and rarely lightheadedness. If these feelings occur, inform the staff, and you can relax in our waiting area. Be sure to eat regular meals and do not have a treatment on an empty stomach.
- **Press Balls:** Following treatment, small metal balls composed of steel may be taped to specific points. If there is any irritation, discomfort or problem simply remove and discard. Typical length of time to stay in is 1-3 days in summer and 5-7 days in winter. Remove after that length of time or earlier.
- **Moxibustion:** The burning of the herb Mugwort, *Artemisia vulgaris*, may be done above the skin, on the needle or directly on my skin. With any type of heat application, including moxibustion or a heat lamp, there is always the risk of a burn, blister or small scar.
- **Electro-acupuncture:** Use of a small, battery-powered stimulator, attached to the end of the needles. A slight vibratory sensation may be felt with the use of this technique. Conditions may be exacerbated temporarily during the healing process.
- **Chinese Bleeding Therapy:** Lancet inserted to discharge a few drops of blood. Bruising may occur lasting a few days.
- **Herbal Medicine:** All herbal prescriptions used in this clinic are considered safe in the practice of Oriental Medicine, however may cause unforeseen allergic reactions. It is your responsibility to discuss allergies you have (plant, animal, environment) and all medications/supplements including changes.
- **Gua Sha/Cupping:** A Chinese massage technique that uses a gua sha spoon or suction cup with ointment to promote blood circulation. It may leave redness, bruising and tenderness on the skin for 1-7 days. It is important to stay warm and avoid a chill for 48 hours post treatment.
- **Certain types of treatment are contraindicated in pregnant women. If I become pregnant or suspect I am pregnant, I will notify staff before treatment.**

You may verbally revoke consent for any of these procedures at any time.

Please initial each point and sign at the bottom:

____ Needle safety: During acupuncture, I agree to remain lying down during treatment and not to remove or manipulate the acupuncture pins.

____ Diversity: Kang Wen does not discriminate based upon age, gender, race, religion, sexual orientation, health status or the ability to pay. We hope you will join us in honoring diversity.

____ Confidentiality and Identifying Information: I agree to maintain the confidentiality of all other clients of the clinic. Our staff will maintain your confidentiality by not acknowledging you outside of the clinic unless you first acknowledge them. I understand that any published research will not contain identifying information and that my medical record will not be released without my written consent. I have received a copy of the Notice of Privacy Practices.

____ Appropriate Dress: Please wear or bring loose comfortable clothing, you will not need to undress. Most common points are located below the elbows and knees and on the abdomen, so access to those areas is crucial. Shorts or pants with leg opening that fit comfortably over the knee are recommended. One-piece dresses are not recommended.



_____ Etiquette: I agree not to come into the clinic under the influence of alcohol or non-prescribed drugs.

_____ I agree to turn any cell phone/pager to silent mode. I agree to respect other client's relaxation and will keep conversation to a minimum when in the treatment room. I understand that if my behavior does not comply with the policy of the clinic that I may be refused treatment, suspended from treatment or dismissed as a client. While at the clinic I will not go into any treatment or administrative areas unaccompanied by a Kang Wen staff person.

_____ Scheduling: I understand I will work with my provider on a treatment plan that is mutually agreed upon and scheduling of all appointments will be based on our treatment plan.

_____ Mailings: I would like to receive, by mail, health information, newsletters and announcements from Kang Wen.

I have received a copy of the Notice of Privacy Practices. My signature does not reflect agreement or disagreement with the policies. I understand that this notice outlines my rights and the duties of Kang Wen in relation to Protected Health Information.

I understand that I may ask questions regarding my treatment before signing this form and I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by the Kang Wen Community Clinic or any of its personnel regarding cure or improvement of my condition. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by my representative or me or otherwise permitted or required by law.

Patient's Signature

Guardian/Personal Representative's Signature

Patient's Name (PRINT)

Guardian/Personal Representative's Name (PRINT)

Date

Date