

INFORMED CONSENT

I hereby request and consent to acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or person named below for whom I am legally responsible) by the acupuncturist named below and/or acupuncturists who now or in the future treat me while employed by, working for, associated with, or serving as back-up at the office listed below or any other office or clinic, whether signatories to this form or not.

I understand the general intent and benefits of acupuncture treatments and the procedure has been explained to me. I understand acupuncture is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the acupuncturist does not diagnose illness or disease, and does not prescribe medications.

I have informed the acupuncturist of all my known physical conditions, medical conditions, and medications, and will notify the acupuncturist of any changes. I understand there shall be no liability on the acupuncturist's part if I forget to relay any pertinent information. If I experience any pain or discomfort during a session, I will immediately notify the acupuncturist.

I understand that treatment may include, but is not limited to acupuncture, Microcurrent Postional Technique (MPT), herbs, Qigong (therapeutic exercise) and nutritional counseling. I understand that herbs must be taken according to instructions provided. I will immediately notify clinical staff of any unanticipated or unpleasant effects associated with the consumption of herbs.

I have been informed that acupuncture is generally a safe method of treatment, but it may have some side effects, including bruising, numbness or tingling that may last a few days, and fainting or dizziness. Unusual risks of acupuncture include spontaneous miscarriages, nerve damage, and organ puncture. Infection is a possible risk, although Eugene Center For Acupuncture uses sterile, disposable needles or sterilized needles for each patient and maintains a clean and safe environment. The herbs and nutritional supplements are considered safe in the practice of Oriental Medicine, but some may be toxic in large doses. I understand some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, rashes, hives, vomiting, headache, stomachache, diarrhea, and tingling of the tongue. I understand that while this document describes the major risks of treatment, other side effects may occur. I will notify a clinical staff member if I am or become pregnant.

I do not expect the clinical staff to be able to anticipate or explain all the possible risks and complications of treatments and I wish to rely on the clinical staff to exercise judgment during the course of treatment that the clinical staff thinks, based upon the facts then known, is in my best interest. I understand that results are not guaranteed. I understand that 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 had read to me, this document, been told about the risks and benefits of acupuncture and other procedures, and had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for present and future condition(s) for which I seek treatment.

Printed Name

Signature

Date

Office Signature/Malvin Finkelstein L.Ac. for Eugene Center For Acupuncture, 2767 Friendly St., Eugene, OR 97405