



Acupuncture Informed Consent

I request and consent to receive Acupuncture treatments and other procedures within the scope of the practice of Acupuncture by the licensed acupuncturists named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with, or serving as back up for Meade Danielle Mueller, Lac. including those working at the office listed above, and/or any other office or clinic, whether signatories to this form or not.

The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain diseases or dysfunctions of the body. Acupuncture includes the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of apparatus or instrument), and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning artemisia alone or artemisia formulations). Potential risks: pain or discomfort at the site of needle insertion, infection, bruises, weakness, fainting, nausea, moxibustion or TDP lamp burns, pneumothorax, and spontaneous miscarriage. Potential benefits: acupuncture may allow for the painless relief of one's symptoms without the need for medications or other invasive therapies, and improve the balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.

If I choose to take herbs, I will notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of herbal formulas.

The Commonwealth of Pennsylvania regulations are:

- 1) A person may be treated by a licensed acupuncturist for a specific condition for up to 60 days without a medical diagnosis or physician referral.
- 2) After 60 days, the patient must obtain a medical diagnosis from a physician to continue treatment.
- 3) A patient may be treated for a new condition for up to 60 days without a medical diagnosis or physician referral.

With this knowledge, I voluntarily consent to the above procedures.

Printed Name

Patient Signature

Acupuncturist

Date

Translator Signature

Date

Meade Danielle Acupuncture & Wellness

Notice of Privacy Policies

HIPAA, The Health Insurance Portability and Accountability Act of 1996, established rights and protections for healthcare consumers and created responsibilities for healthcare providers. The HIPAA Privacy Rule of April 14, 2001 requires healthcare providers to implement administrative, technical, and physical safeguards to ensure the security of your individually identifiable health information.

Information I Collect to Conduct my Business

On your initial visit, I ask you to sign an **Acupuncture Consent Form**, and complete a written **Confidential Patient Information Sheet** concerning your health history and other relevant personal data.

Each time you have an acupuncture treatment, a written record of your session is made on my **Acupuncture Progress Notes**. This contains results of your Verbal and Physical Assessment, Acupuncture Diagnosis, Acupuncture Treatment (including acupuncture points or adjunct tools used), and any Recommendations or Referrals.

The Commonwealth of Pennsylvania regulations governing acupuncture include:

- 1) *A person may be treated by a licensed acupuncturist for a specific condition for up to 60 days without a medical diagnosis or physician referral.*
- 2) *After 60 days, the patient must obtain a medical diagnosis from a physician to continue treatment.*
- 3) *A patient may be treated for a new condition for up to 60 days without a medical diagnosis or physician referral.*

Therefore, any data I collect from your physician in compliance with this regulation will be placed in your chart. The request for this information may be faxed to your physician's office on the **Complementary Therapy Agreement** form. These facsimile transmissions are safeguarded to protect your privacy.

Exceptions to your written authorization

HIPAA explicitly allows disclosure of patient health information without consent for the following situations: emergency circumstances; identification of the body of a deceased person or the cause of death; public health needs; research; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security.

I acknowledge that I have read this NOTICE OF PRIVACY PRACTICES. I understand that I may ask for a copy of this at any time.

Signature of Patient: _____ Date: _____