

Patient Consent to Treatment

I hereby consent to the performance of acupuncture treatments and other procedures within the scope of the acupuncture practice for the patient named below, by Elaine F. Huang, AP. Methods of health care and treatment may include acupuncture, herbal medicine, Tui-Na (Chinese massage), heat/light therapy, cupping therapy, moxibustion, electrical stimulation, homeopathic remedies, therapeutic exercises and/or nutritional counseling. There are some risks associated with acupuncture which may include bruising of the skin, slight bleeding, weakness, fainting, and aggravation of the symptoms existing prior to acupuncture treatment. Bruising is a common side effect of cupping therapy. Burns and/or scarring are a potential risk of moxibustion, cupping and heat/light therapy. Prior to treatment, I will notify the acupuncture practitioner of conditions such as bleeding disorder, pregnancy, pacemaker, high blood pressure, history of seizures, local infection, or have been prescribed an anticoagulant medication such as Coumadin, Heparin or Warfarin. I understand there is neither an implied nor stated guarantee of success or effectiveness of treatment.

All professional fees are due in full at the time services are rendered. I hereby acknowledge and accept full responsibility for any and all costs incurred. I further agree to waive demand and notice of nonpayment and protest. In case suit shall be brought for the collection hereof, or the same is collected upon demand of an attorney, I agree to pay all cost of collection, including a reasonable attorney's fee. I hereby authorize Elaine F. Huang, AP to release any information regarding my condition to the referring physician (if any) and/or my insurance for the processing of any claim. I also authorize Elaine F. Huang, AP to obtain my medical records from other physicians or medical centers.

By signing below, I acknowledge that I have read and fully understand the information in this consent form.

Patient Signature: _____ Date: _____

Patient Printed Name: _____

Legal Guardian Name and Signature: _____