

## Inner Strength Acupuncture & Wellness Consent to Services Form

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I voluntarily consent to be treated with acupuncture and/or Chinese herbal medicine.

1. I understand that I may be treated with the insertion of acupuncture needles, the application of heat to the skin (moxibustion), the use of light touch to the body, Chinese herbal medicine, and dietary recommendations as deemed appropriate by my practitioner.
2. Acupuncture treatment may occasionally result in local bruising, slight bleeding, fainting, temporary pain or discomfort, or temporary aggravation of symptoms existing prior to treatment.
3. If my ailment or condition should worsen or if a new ailment should appear, I should consult my physician or any other licensed physician.
4. I have not been guaranteed any success concerning the uses and affects of acupuncture or Chinese herbal medicine. I understand that I am free to discontinue treatment at any time.
5. Confidentiality will be preserved at all times. I have received, read and understand the *Notice of Privacy Practices* and *Practices Regarding Disclosure of Client Health Information*.
6. **I understand that my appointment time is a time set aside for me. If I cancel/change the appointment without at least 24 hours' notice OR miss my scheduled appointment I understand I will be charged a \$65 fee for this time. My practitioner's ability to best serve other clients and me is dependent upon my cooperation with this policy.**
7. **I understand that my practitioner will do what they can to accommodate me if I am running late. However, if I am more than 10 minutes late for my appointment, and it is not possible for me to be treated that day I will be charged a \$45 fee for this time.**
8. I understand full payment (or copayment) is due at the time of treatment. If my insurance cannot be verified before my first session begins, I agree to pay 50% of the initial visit fee. If my insurance will cover acupuncture, this amount will be refunded to me after my copayment or deductible has been subtracted from my payment.
9. I understand that treatment is a partnership and will endeavor to take responsibility for my own healing by asking questions regarding this process and following the suggestions of my practitioner.

I acknowledge having read and understood the above concerning acupuncture treatment. I have felt free to ask any questions, and the process has been satisfactorily explained to me.

Signed (client or guardian): \_\_\_\_\_

Date: \_\_\_\_\_

January 2023