

HS-ACUPUNCTURE

Heather Spangler, L.Ac. ☞ www.hs-acupuncture.com

Welcome to my practice of Chinese medicine, including acupuncture and herbology, dietary advice and qi gong exercises. I value your desire to incorporate Chinese medicine in addressing your health care needs. I promise to make every effort to ensure quality of care, clear communication and respect for your privacy. To that end, please take a moment to review the following policies and sign/complete where indicated. ~ Heather Spangler, L.Ac.

Acknowledgement of Privacy Policy & Consent for Health Care Treatment

I, _____, consent to the use or disclosure of my *identifiable health information* by HS-ACUPUNCTURE for the purposes of diagnosis or providing treatment, obtaining payment for my health care bills or to conduct health care operations.

My *identifiable health information* includes my demographic information, collected from me and created or received by my practitioner, another health care provider, a health plan, my employer or a health care clearinghouse. This *identifiable health information* relates to my past, present or future physical or mental health or condition and identifies me with it.

I have read, reviewed, understand and agree to HS-ACUPUNCTURE's Notice of Privacy Practices, as detailed below, prior to signing this document. The Notice of Privacy Practices describes my rights and the duties of my practitioner with respect to my *identifiable health information*. HS-ACUPUNCTURE reserves the right to change information contained in the Notice of Privacy Practices at any time.

Notice of Privacy Practices (HIPAA):

Disclosure: HS-ACUPUNCTURE may use or disclose your *identifiable health information* when required by law. Other than that, HS-ACUPUNCTURE agrees not to use or disclose your health information without your consent.

Patient Rights: Upon written request, you have the right to access, review or receive copies of your healthcare records. Upon written request, you have the right to receive a list of items this office has disclosed about your healthcare information. You have the right to request that this office place additional restrictions on disclosure of your *identifiable health information*. Upon written request, you have the right to request that we amend your *identifiable health information*. You have the right to receive all notices in writing. For questions, complaints or more information, please contact HS-ACUPUNCTURE. To send a written complaint to the US Dept of Health and Human Services, use this address:

DHHS - Office of Civil Rights, 200 Independence Ave SW, Room 509 F, HHH Building, Washington, DC 20201.

Signature of Patient or Authorized Representative

Date

Consent To The Use And Disclosure Of Health Information For Treatment, Payment And Health Care

I understand that as part of my health care, HS-ACUPUNCTURE originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care of treatment.

I understand that this information serves as: a basis for applying my diagnosis and planning my treatment, a means by which a third-party payer can verify that services billed were actually provided, a means of communication among the health care professionals who contribute to my care, and a tool for assessing care quality of health care professionals.

I understand that I have the right to: object to the use of my health information for directory purposes, request restrictions as to how my health information may be used or disclosed to carry out treatment/payment/health care operations (and that the organization is not required to agree to the restrictions requested), and revoke this consent in writing (except to the extent that the organization has already taken action in reliance thereupon).

I request the following restrictions to the use of disclosure of my health information:

Signature of Patient or Authorized Representative

Date

Office Signature

Date

Informed Acupuncture Consent

By signing below, I do hereby voluntarily consent to be treated with acupuncture, adjunct techniques, and herbal substances from the Oriental Materia Medica by a licensed acupuncturist at HS-ACUPUNCTURE. I am aware that certain adverse side effects may result from acupuncture, herbal medicine and the adjunct therapies. (Listed below are possible therapies, but only a select few may be part of your treatment plan.)

Acupuncture: Acupuncture involves the insertion of solid, sterile, disposable needles through the skin at certain points of the body to treat bodily dysfunction or imbalance. Side effects could include discomfort, local bruising, minor bleeding and the possible aggravation of symptoms existing prior to acupuncture treatment.

Moxibustion/Heat Therapy: Moxibustion is the burning of the Chinese herb Ai Ye (Mugwort leaf) indirectly or directly on the surface of the skin, warming and stimulating qi and blood. You and your practitioner will communicate on temperature sensitivity during treatment; however, there is a mild risk of burning or scarring from the use of moxa. The same risk applies to a TDP lamp, a far infrared heating device used to increase circulation and warm

and nourish the body.

Chinese Herbs: Substances from the Oriental Materia Medica may be recommended as part of your treatment plan. Herbs come in various forms: tea pills, raw herbs, tinctures, granules and topical plasters or liniments. All are GMP certified, meaning the production and packaging methods adhere to strict quality control guidelines. You are not required to take herbs, but agree to follow directions for dosage and administration if you elect to take them. Adverse side effects could include changes in bowel movement, abdominal discomfort, and the possible aggravation of symptoms existing prior to herbal treatment.

Tui Na Massage/Cupping/Gua Sha: Tui na is a form of Chinese manipulative therapy similar to massage involving hands-on stimulation of acupuncture meridians or points. Cupping, or “fire cupping” involves placing cups containing suction on the skin. Cupping is used to treat pain, relieve stagnation, stimulate the respiratory system, and release heat from the body. Gua Sha involves repeated pressured strokes over oiled skin with a smooth edge, most often a ceramic Chinese soup spoon, honed animal horn or shell. Adverse side effects of all these body treatments could include skin irritation and discoloration, discomfort, sore muscles and mild bruising.

Electro-Acupuncture: Electro-Acupuncture involves attaching a device to at least 2 acupuncture needles in the body and sending a mild current/electrical pulse between them. This treatment is stimulating, and not painful or shocking. You may refuse this extra stimulation at anytime. Adverse side effects could include pain or discomfort, electrical shock, and possible aggravation of pre-existing symptoms.

Dietary & Exercise Advice: In conjunction with your treatment, you may be given advice concerning changes in your diet or exercise routine. Food therapy is an effective means of self-healing, disease prevention and resolution of chronic and acute conditions. Changing eating habits can be difficult, and you may experience resistance, irritability, change in bowel movements or energy levels, and possible aggravation of symptoms. Communicate with your practitioner about any difficulties you may have with specific dietary recommendations. Suggestions concerning physical activity and exercises may be included in your treatment. If you experience extreme discomfort, pain, dizziness, chest tightness, loss of breath, or aggravation of symptoms, stop all exercises and consult your practitioner.

Western Biomedical Diagnosis: As it is not within the scope of practice for licensed acupuncturists to diagnose Western Biomedical conditions, it is your, the patient's, responsibility to seek such diagnoses elsewhere if you have not already done so.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I understand that I may ask my practitioner for more detailed explanations. I do not hold HS-ACUPUNCTURE responsible for any pain or discomfort, or aggravation of symptoms as a result of any of these treatment therapies. I give my permission and consent to treatment.

Signature of Patient or Authorized Representative

Printed Name

Date

I understand that HS-ACUPUNCTURE has a 24-hr cancellation policy: without 24-hr notice for rescheduling my treatment, I'm responsible for full payment of my session. Initial here: _____