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Consent to Treatment

I hereby request and consent to treatment by Lisa M. Desrosiers, who is currently licensed in the State of Massachusetts (Lic # 219771) to perform the following procedures:

Acupuncture: the insertion of special sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body

Cupping: a technique used to relieve symptoms by applying cups made of glass, bamboo, or other materials to the skin with a vacuum created by heat or other devices.

Plum Blossom or Seven Star Hammer: multi-needle devices applied to areas of the body with a light-to-moderate tapping technique.

Gua Sha: the rubbing of an area of the body with a blunt-edged instrument

Moxibustion (Moxa): the burning of herbs on or near the body to warm it, strengthen it, and relieve symptoms. Moxa comes in several forms such as a stick, string, ball, cone, or rice grain.

Tuina: an ancient technique of Chinese medical massage, used for a variety of common illnesses.

Dietary Advice: food advice based on traditional Chinese medical theory.

Electro-Acupuncture: the running of very low electrical current through one or more needles to help heal the body

Sonopuncture: the use of tuning forks to help heal the body with sound waves and vibration. The forks are placed near and on the body, often on acupuncture points and energy meridians.

I recognize the potential for side effects from treatment. Although uncommon, there is a potential for acupuncture to produce some side effects. Common side effects include soreness, tingly, achy or itchy sensations at the insertion site. Less common side effects are bruising and bleeding at the insertion site. Rare side effects of acupuncture include infection, needle sickness (fainting), broken needles, and a temporary aggravation of symptoms existing prior to treatment. A treatment involving cupping or gua sha may produce bruise-like marks.

I agree to inform my practitioner if I have any of the following conditions: A pacemaker, a serious bleeding disorder, am pregnant or think there is a possibility I am pregnant.

I agree to these financial terms: I agree to pay all charges for services rendered, including amounts over and above insurance coverage. I agree to pay missed appointment fees (charged at full rate) and late cancellation fees ($35 for cancellations with less than 24 hour notice). Uncleared checks will be charged an additional $35 fee.

I understand it may be necessary for my practitioner to contact another one of my health care providers in order to coordinate medical treatment, to discuss an emergency situation and/or share appropriate medical information. My signature gives my practitioner permission to release my medical records for the reasons listed above.

I understand that the information I share with my practitioner is confidential. No information will be disclosed without written consent (as in listed above) except in the following cases mandated by law: to prevent a clear and immediate danger to a person or persons, or when ordered by a court or pursuant to the rules of a court. I have read and understand the "Notice of Information Practices" for Davis Square Acupuncture.

I, (fill in name) _____ **understand** that I have the right to refuse any form of treatment. I have had the opportunity to read this consent and ask any questions about its content. I understand that there is always the possibility of an unexpected complication and that no guarantee can be made concerning the results of treatment. This consent form covers the entire course of treatment for my present condition and for any future conditions(s) for which I seek treatment.

_____ _____

Signature of Client Date Signature of Person Authorized to Consent Date

_____

Signature of Witness Date