Sweet Relief Acupuncture
Informed Consent

I, the undersigned, hereby authorize Leanne Pusateri, EAMP-LAc. to perform the following procedures. I understand that these methods of treatment may include but are not limited to the following:

- **Acupuncture:** The insertion of pre-sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.
- **Electro-acupuncture:** Using very small amounts of electricity to stimulate specific acupuncture points.
- **Acupuncture Point Injection Therapy** The use of homeopathic, herbals & nutritional substances injected into acupuncture points.
- **Cold Laser Therapy or LLLT** The use of lasers and LED to relieve pain and speed healing.
- **Acupressure & Tui-Na:** Traditional Chinese medical massage and manual therapy.
- **Infrared Heat:** Applying heat generated by an infrared lamp over a specific area of the body.
- **Dermal-friction Technique:** Friction is applied topically to the skin using a smooth object to relieve symptoms.
- **Cupping:** Glass cups are placed on the skin with a vacuum created by heat or suction device.
- **Chinese Dietary Advice:** Suggestions for nutrition and herbal food products.
- **Liniments, Oils, Plasters:** Herbal formulas applied topically to the skin.
- **Moxa:** A soft woolly mass prepared from ground young leaves, typically in the form of sticks or cones which are ignited and placed on or close to the skin or used to heat acupuncture needles.

I recognize the potential benefits and risks of these procedures described below, which include but are not limited to:

- **Potential Benefits:** Drugless relief of presenting symptoms and improved balance of body energies that may lead to the prevention, improvement or elimination of the presenting problem.
- **Potential Risks:** Discomfort, pain, bruising, blistering, bleeding, infection, numbness or tingling at or near the site of the procedure, temporary discoloration of the skin, broken needle, needle sickness, possible aggravation of symptoms existing prior to the acupuncture treatment, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax).

Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist named above and/or other licensed acupuncturists who now or in the future treat me while employed by, working for or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

I do not expect the clinic staff to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the clinic staff to exercise judgment during the course of treatment which the clinic staff thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed.

I understand the clinic and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent or with a written court order.

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Leanne Pusateri, EAMP-LAc regarding cure or improvement of my condition. I hereby release Leanne Pusateri, EAMP-LAc from any and all liability, which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

Name of patient	**Signature of patient (or guardian if under 18)**	**Date**

Leanne Pusateri received a Master's Degree in Acupuncture from Bastyr University. She passed the National Board Examination by the National Committee for the Certification of Acupuncturists (NCCAOM) and is designated a Diplomat of Acupuncture and Oriental Medicine. She is currently a Licensed Acupuncturist in the State of Washington, holding Acupuncture License number AC60066964.

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Procedure Policies

Payment for services are as follows:

- Cash, check or credit cards (Discover, MasterCard or Visa) are accepted
  - Patients will be billed a $35.00 fee for any returned check.
  - Any fees over 30 days past due will be charged interest of 1% with a per annum of 12% on the balance.
- Payment is due at time of service
- I am credentialed with most medical insurances. Please talk to someone if you wish to use your insurance plan.

Office Policies:

- **Cancellations:**
  - Cancellations must be made 24 hours in advance of the scheduled appointment time. If cancellation is not made within the noted time, **a fee of $100.00 is required**.
  - Arriving late for appointments will be time taken away from your scheduled time with no discount in fees.

- Right of Refusal:
  - We reserve the right to refuse service to anyone. This includes but is not limited to:
    - Requests for services made outside of our scope of practice
    - If you arrive under the influence of alcohol or recreational drugs
    - High fever, communicable disease
    - Concealed Weapons
    - Abusive or inappropriate behavior

We reserve the right to charge for the session time, whether or not services were rendered, if we so choose.

- Policies and fees may change. Any fee changes will be posted at the clinic and notices mailed to current clients one month prior to the change. Policy changes may occur at any time and will also be posted at the clinic as well as clients notified at the time of next appointment.

Please read the following statement carefully before signing:

- I, the undersigned, authorize treatment by Leanne Pusateri, Licensed Acupuncturist. I understand that payment is expected in full at the time of service, including all co-pay amounts for insurance billing. I have been informed of the fee for treatment, and I agree to pay all fees for such service.
- I hereby authorize Leanne Pusateri, LAc. to receive all benefits to which I and/or my dependents are entitled to under my health insurance plan. In addition, I will not withhold or delay payment if my insurance company denies payment of any of my charges. I have also been informed of the $100.00 fee (per RCW 62A, 3-515 & 520) on all checks returned by the bank for NSF, as well as the $100.00 fee for less than 24 hour notice for cancellation of treatment.
- By signing below, I verify that I understand this form and have filled it out to the best of my knowledge.

Signature_____Date_____

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