

Pinon Community Acupuncture

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Informed Consent

I, the undersigned hereby request and consent to the performance of acupuncture treatments and other procedures that are within the scope of practice of acupuncture on me (or the patient named below, for whom I am legally responsible) by Pinon Community Acupuncture. I understand that these treatments are all safe, natural methods of healing and I recognize the potential risks and benefits of these procedures as described below.

POTENTIAL BENEFITS: Relief of presenting symptoms, improved health and well being, reduced stress and an overall balance of bodily energies which may lead to prevention or elimination of your main complaint(s).

POTENTIAL RISKS: Although uncommon, there is a potential for acupuncture to cause temporary bruising, swelling, bleeding, numbness, tingling, and soreness at the needle site that may last a few days. Unusual risks of acupuncture include dizziness, fainting, nerve damage or possibly the aggravation of symptoms existing prior to treatment. Infection is a slight possibility even though our clinic **uses only sterile disposable needles** and maintains a clean and safe environment.

PREGNANCY: Acupuncture can be very beneficial in the treatment of symptoms during pregnancy, assisting in the birthing process and postpartum. I will notify my acupuncturist should I become pregnant or if I am in the process of trying to get pregnant so that my practitioner can avoid points that could induce premature labor or miscarriage.

PRIVACY: Since several people are being treated in the same room at once it is vital that we work together to respect your privacy and the privacy of others. Let us know if there are certain topics that need extra discretion or if you prefer to do your intake in a more private setting. If you happen to overhear someone else's private information, please keep it to yourself, you'd want others to do the same for you.

With this knowledge, I voluntarily consent to the above procedures and policies, realizing that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments regarding the cure or improvement of my conditions. I hereby release Pinon Community Acupuncture from any and all liability which may occur in connection with the above mentioned procedures, except for the failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time.

Print Name:

Signature:

Date: