

Alpine Valley Wellness Center, PC
Acupuncture Consent

I, the undersigned, authorize Gary Piscopo, ND, L.Ac., to perform the Chinese medical treatment know as Acupuncture. I understand that acupuncture involves the insertion of sterilized needles through the skin at specific points on the body. I also understand that the practice of acupuncture includes the use of techniques such as cupping, electro-acupuncture, moxibustion, and others outlined by the Washington State law for licensed acupuncturists. I understand that there is no implied or stated guarantee of success or effectiveness of a specific treatment or series of treatments.

Like all medical procedures, I recognize that acupuncture has potential risks and potential benefits. These risks and benefits are as follows:

Potential Risks: Many of the risks are similar to any insertion of a needle into a body, as in drawing blood or receiving an injection. These include light headedness, minor bruises or bleeding, a bent or broken needle at the site of insertion, possible infection, fainting, nausea, or weakness. There can also be discomfort at the site of insertion of the acupuncture needle. Additional risks include aggravation of symptoms existing prior to the acupuncture treatment and potential burns from the moxibustion technique.

Potential Benefits: Relief and resolution of the health concern being treated. Reduction and control of pain without the side effects of pharmaceutical intervention (i.e. addiction, mood changes, negative organ effects, etc.). Inducement of a greater sense of well being and an enhanced energetic balance leading to the prevention of further health concerns.

I hereby release Gary Piscopo, ND, L.Ac., from all liability in connection with the acupuncture and oriental medicine treatments I receive. I understand that I am free to discontinue treatment at any time.

I understand that, except in emergencies, I must give 24 hours notice of intent to cancel or reschedule my appointment. Failure to do so may result in a \$60 charge. I further understand that charges for services rendered are due at the time of service, unless other arrangements (including insurance billing) have previously been made.

Signature of patient

Date