

Acupuncture Treatment Informed Consent

I consent to receive Acupuncture and other treatments that are within the scope of the practice of Acupuncture in the State of Alaska. Treatments are performed by a Licensed Acupuncturist of Alpenglow Acupuncture, LLC. Acupuncturists are National Board Certified by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM), and licensed in the State of Alaska as Licensed Acupuncturists. Licensed Acupuncturist's are not primary care providers and while we are able to treat a vast number of conditions, Traditional Oriental Medicine is not a substitute for regular medical exams by an MD, ND, DO, ANP or PA. If a serious health problem arises, I will inform my acupuncturist as soon as possible.

Acupuncture has the effect to normalize the physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunctions of the body. Acupuncture is a safe method of treatment, utilizing only sterile, disposable needles. As with any procedure there can be side effects, sometimes people experience euphoria, lightheadedness, and dizziness. Occasionally there may be bruising from the acupuncture needles, gua sha or cupping. Your acupuncturist will explain all procedures to you prior to being performed. The herbs and nutritional supplements (from plant, mineral, and animal sources) that may be recommended are traditionally considered safe in the practice of Oriental Medicine. If I have a history of serious allergic reactions to foods, insects or other substances, I will be sure that it is noted on the medical history form, and I will also verbally inform the practitioner. I understand that some herbs may be inappropriate during pregnancy. I will inform the acupuncturist if I am currently or become pregnant. Possible side effects of taking herbs are usually gastrointestinal in nature, nausea, diarrhea, more rarely, rashes, hives, and tingling of the tongue. Stopping the herbal formula usually alleviates problems. Please be sure to let the practitioner know if any adverse reaction or side effect develops.

I understand that methods of treatment may include, but are not limited to acupuncture and herbal medicine. Properly administered acupuncture and herbal medicine is safe and generally very effective. I understand that results are not guaranteed. I understand the office medical and administrative staff may review my medical records, but all my records will be kept confidential will not be released without my written consent.

Signature required for treatment: PATIENT or Guardian: _____

Date: _____ Witness: _____

Billing Practices and Office Policies

The Client understands that:

- Services provided by Alpenglow Acupuncture, LLC are payable at the time of service.
- We accept: Cash, Visa, MasterCard, Discover Credit Cards and Personal Checks.
- Insurance is billed as a courtesy for our patients. Your co-payment is due at the time of service.
- Payment plan options are reviewed individually.

Private Insurance

Billing is a service provided to the client as a courtesy. We allow a 60-day grace period for your insurance to respond to our claims. If the insurance does not respond to our claims within 60 days, the full balance is due and payment is required. Most insurance policies do not cover herbal medicines and supplements. Our preference is ALWAYS to work with our patients directly. We reserve the right to forward any balances that remain unpaid to a collection service and you may be assessed additional fees that are in addition to your clinic charges. Should you have a question regarding a collection balance due, we will direct you to the collection service representative for resolution.

Cancellation and Missed Appointment Policy

- If you miss your appointment and do not notify the clinic, you will be billed in full for the treatment.
- If you reschedule the day of your appointment, you will be charged \$50.

I have read the above and understand my financial responsibility to this organization. I also approve Alpenglow Acupuncture, LLC to charge my credit card should I fail to provide the notice required by the Appointment Policy. If I have additional questions, I will ask to speak to someone, prior to my appointment.

Printed Name of Patient

Date

Signature

Alpenglow Acupuncture, LLC
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907-336-6692 Fax 336-6690

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