

INFORMED CONSENT FOR ACUPUNCTURE/CUPPING TREATMENT

California state law guarantees that you have both the right and obligation to make decisions concerning your health care. Your physician can provide you with the necessary information and advice, but as a member of the health care team, you must enter into the decision making process. This form has been designed to acknowledge your acceptance of treatment recommended by your physician. _____ (initial here)

The problem I am having with the pain in my back, neck, or other regions is prolonged and severe. I request that Yung Chen, M.D. treat me with acupuncture treatment.

I have had the opportunity to discuss with Yung Chen, M.D. and/or with other office personnel the nature and purpose of acupuncture treatment and other procedures. It has been explained to me that the intention of acupuncture treatment is to normalize physiological functions, to modify the perception of pain, and to treat certain diseases or dysfunctions of the body.

If I am a woman, I am certain that I am not pregnant now. I will take steps to be certain that I do not become pregnant over the period of time I am being treated. I understand that if I am pregnant now or become pregnant during the course of treatment, there is a risk that my unborn baby could be damaged by one or more of the medications used for treatment, sedation, or anesthesia. If during the course of treatment I become uncertain whether or not I might be pregnant, I will immediately notify my treating physician and discontinue the treatment until I am again sure that I am not pregnant.

ACUPUNCTURE: I have been informed that acupuncture is a safe method of treatment, but occasionally may cause some bruising or tingling near the needling sites, temporary loss of some sensations, dizziness/light headed and temporary increase in pain that may last for a few days. This may also cause numbness in arms and/or legs and/or affect muscular control of arms, legs, bladder or bowel. There have been very rare instances reported of needle breakage, fainting, bleeding, infections, and scarring. There have extremely rare instances of spontaneous miscarriage, puncture of internal organs, pneumothorax (puncture of lung), nerve injuries and spinal cord injuries.

CUPPING: I have been informed that cupping is a safe method of treatment. Complications are very rare but potentially, it can occasionally cause skin irritation, bruising, darker skin, blister, bleeding or infection. Occasionally, it requires antibiotics treatment. Risks, complication, benefit and potential outcome of cupping were discussed.

Article 1: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

NOTICE:

BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

I, _____, have read this consent form, discussed it with my doctor, sought other opinions, and understand and accept the risks of this procedure. By signing this form I do not relieve the doctor or his staff from exercising due care on my behalf, but I do acknowledge and accept the risks involved.

Patient: _____ Physician:  M.D. Witness: _____ Date: _____

AP PACKAGE: You are entering a non-refundable contract for your acupuncture package. It takes time for you to receive the benefit of the AP treatment. In addition to acupuncture, you may require other medical treatments, such as medication, injection, Physical therapy, or even surgery to improve your condition.

Signature: _____ **Date:** _____