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CONSENT FORM

I understand that acupuncture is performed by the insertion of needles through the skin at certain points on the body in an attempt to treat bodily dysfunctions or diseases, to modify or prevent pain, and to make normal the body's physiological functions. The procedure has been fully explained to me.

I have been made aware that certain adverse side effects may result. These include, but are not limited to, some local bruising, minor bleeding, fainting, temporary pain or discomfort, and possible temporary aggravation of symptoms existing prior to acupuncture treatment.

I understand that the acupuncturist may recommend substances from the Oriental materia medica to treat bodily dysfunctions or diseases, to modify or to prevent the perception of pain, and to normalize the body's physiological functions. I understand that I am not required to take these substances but must follow the directions for administration and dosage if I decide to take them.

I have been made aware that certain adverse side effects may result from taking these substances. These could include, but are not limited to, changes in bowel movement, temporary abdominal pain or discomfort, and the possible temporary aggravation of symptoms existing prior to herbal treatment. Should I experience any problems, which I associate with these substances, I should suspend taking them and contact my acupuncturist.

I have carefully read and I understand all of the above and am fully aware of what I am signing.

Signature of Patient/Guardian of Patient: _____ Date: _____

Printed Name: _____

PRIVACY POLICY: Due to HIPAA Privacy Regulations, our office is required to offer you a notice of our privacy practices. This document lets you know what steps we take in protecting your health information. Please ask the front office staff if you would like a copy.

_____ Do **not** want a copy _____ Received a copy

Signature _____ Date _____

CANCELLATION POLICY

To avoid being charged a \$30 cancellation fee, I agree to give 24 hours notice.

Signature: _____ Date: _____