



Grand Rapids Natural Health, LLC
Acupuncture of West Michigan
Stephen Durell, MTOM, R. Ac
www.grnaturalhealth.com



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Grand Rapids MI, 49504
T (616) 264-6556
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ACUPUNCTURE INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist indicated below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed below or any other office or clinic, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling. I understand that the herbs may need to be prepared and the teas consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify a member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is a generally safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Burns and/or scarring are a potential risk of moxibustion and cupping, or when treatment involves the use of heat lamps. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will notify a clinical staff member who is caring for me if I am or become pregnant.

While I do not expect the clinical staff to be able to anticipate and explain all possible risks and complications of treatment, I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

Group Visits

If I choose to participate in a group visit, it is possible that some of my individually identifiable health information will be disclosed. I understand the following statements about my rights:

- I realize that I have the option to speak with my medical provider individually.
- I understand that I have the option to be treated individually if I so choose.
- I understand that discussions may occur regarding individually identifiable health information during a group visit.
- It is my responsibility to keep private names and information about other participants, as they are expected to do for me.
- It is possible that information that is used or disclosed in a group visit may be re-disclosed by other participants in the group visit



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Separate Practice Acknowledgement

I do understand Acupuncture of West Michigan is a separate entity from Grand Rapids Natural Health, LLC and conduct separate practices from each other. Acupuncture of West Michigan rents office space from Grand Rapids Natural Health, LLC. Grand Rapids Natural Health, LLC exercises no control over the practice of Acupuncture of West Michigan. I will not hold Grand Rapids Natural Health, LLC responsible for any actions or inactions of Acupuncture of West Michigan.

Privacy Statement:

Acupuncture of West Michigan and Grand Rapids Natural Health are required to follow the privacy requirements under the Health Insurance Portability and Accountability Act (HIPAA). Acupuncture of West Michigan is an independent contractor at Grand Rapids Natural Health and will uphold the privacy practices of Grand Rapids Natural Health.

By signing this form, I acknowledge that I have received a copy of the Grand Rapids Natural Health Notice of Privacy Practices. I understand that Acupuncture of West Michigan agrees and upholds Grand Rapids Natural Health's privacy practice as stated in the Grand Rapids Natural Health Notice of Privacy Practices.

Cancellation Fee:

Please be aware that late cancellations or no-show appointments will be charged 50% of the appointment fee. It is requested that if you must cancel your appointment, that you provide more than 24 hours' notice. A cancellation is considered to be late when the appointment is canceled without a 24-hour advance notice. A "no-show", is a patient who misses an appointment without canceling it. This includes arriving 15 minutes after your scheduled appointment.

Any occurrence of a late cancellation or a "no-show" within 24 hours will be subject to a fee of 50% of the visit applied to the credit card stored on file 24 hours after the visit booking time. We understand that special unavoidable circumstances may cause you to cancel within 24 hours. Fees in this instance may be waived but only with management approval.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Acupuncturist Name:

Patient Signature/Date:

