

MIDDLE WAY ACUPUNCTURE INSTITUTE
PATIENT INFORMED CONSENT FOR ACUPUNCTURE TREATMENT

Your Student Practitioner: Your student practitioner is currently in her/his third year at Middle Way Acupuncture Institute. As part of the licensing requirements for acupuncture, students must successfully complete 500 hours of clinical training and 160 hours of clinical observation.

Your Clinic Supervisor:

Qualifications: supervisor; educational institute; license #

- Catherine Dayhoff; Oregon College of Oriental Medicine; License # AC60330666
- Matthew Van Dyke; Five Branches University; AC 00002999
- Linda Munson; Northwest Institute of Acupuncture and Oriental Medicine; AC 00002124
- Elsa Del Toro; Middle Way Acupuncture Institute; AC 60197009
- Anna Palucci Young; Pacific College; License #AC60858717
- Alan Llyod; Bastyr University; Licence # AC60327727
- Serena Emerson; Middle Way Acupuncture Institute; License # AC60694145

Treatment and scope of practice: Feel free to ask your student practitioner or the student clinic supervisor questions regarding treatment techniques. Your treatment may include the following techniques:

- **Acupuncture**—the insertion of special sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.
- **Moxibustion (Moxa)**—the burning of prepared herbs on or near the body to warm, strengthen and relieve symptoms. Moxa comes in several forms such as stick, string, ball, cone or rice grain.
- **Cupping**—a technique used to relieve symptoms by applying cups made of glass or plastic to the skin with a vacuum created by heat or suction.
- **Electro Acupuncture**—the use of very low electrical current applied to specific acupuncture points.
- **Acupressure**—a technique of Chinese medical pressure based on acupuncture theory, used for a variety of common disorders.
- **Gua Sha**—rubbing on an area of the body with a blunt, round instrument.
- **Plum Blossom or Seven Star Hammer**—A light tapping of an area of the body with a small sterile, disposable hammer which has seven points.
- **Dietary Advice**—Food and herbal advice guided by traditional Chinese theory.
- **Infrared Lamp**—the use of heat to warm the body and increase circulation to an area.
- **Press Seeds/Beads/Magnets**—a self-adhesive seed, bead or magnet is applied to specific acupuncture points on the body or ears for stimulation.

Purpose of Treatment: The purpose of your treatment is to resolve your complaint, i.e., the reason you are seeking treatment. Acupuncture is a comprehensive health care system that is based on East Asian medicine theory and practices. Diagnosis and treatment based on these theories and practices are used to promote your health and treat both organic and/or functional disorders.

Potential Benefits: Potential benefits from the above procedures can lead to relief of presenting symptoms, and the rebalancing of internal systems so as to lead to the elimination and/or prevention of the main complaint, reduction of stress, and an awareness of dietary and life-style changes in order to maximize health and well-being. Many conditions may be alleviated very rapidly; others, especially those, which have developed and/or existed over the course of many years, may be relieved only through a slow and steady treatment protocol.

Risks of Treatment: Acupuncture has been shown to be relatively safe. However there are some uncommon but potential risks, including:

- Needle “sickness” (dizziness, fainting, nausea after insertion of needles)
- Localized, minor bruising or swelling
- Minor burns with the use of moxa
- Possible aggravation of symptoms that existed prior to treatment
- Broken needle (very rare with the use of disposable needles)
- Infection (very rare with the use of disposable needles)

Some acupuncture points are contra-indicated during pregnancy. Please inform your student practitioner if you are or might be pregnant. In addition, patients with severe bleeding disorders or pacemakers should inform the student practitioner and faculty supervisor prior to treatment.

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Use of disposable needles: To reduce the possibility of infection, all needles used by your student practitioner are pre-sterilized, one-time-use needles made of surgical stainless steel. After each treatment needles are disposed of as medical waste. Needles are never reused.

Confidentiality of Medical Records: all medical records will be kept confidential as provided by law. Your medical records will not be released to anyone without your written consent. Your privacy will be protected.

Requirement of Washington State Law: Washington State Law does not permit acupuncturists to treat certain disorders without the consultation of a medical doctor, such as:

- Cardiac conditions including uncontrolled hypertension
- Acute abdominal symptoms
- Acute undiagnosed neurological changes
- Unexplained weight loss in excess of 15% of body weight within a 3-month period
- Suspected bone fracture or dislocation
- Suspected systemic infection
- Any serious undiagnosed hemorrhagic disorder
- Acute respiratory distress without previous history or diagnosis

Patient Consent: With this knowledge, I voluntarily consent to the above treatment procedures by a student that is supervised by a licensed acupuncturist listed above, realizing that no guarantees have been given to me regarding the resolution or improvement of my condition. I understand that I am free to withdraw my consent and that I may stop treatment or any procedure at any time. My signature on this form indicates that I have read and understand the preceding information. If I have any questions about this information or about my treatment, I will ask my student practitioner and/or student clinic supervisor. I hereby release the above named student practitioner and Middle Way Acupuncture Institute from any and all liability that may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care.

Patient
Name _____ Date _____

Patient
Signature _____

For Patients under 18 years of age:

Guardian Name _____ Date _____

Guardian Signature _____

Witness Name _____

Witness Signature _____