**INFORMED CONSENT TO TREAT**

Stress Resilience Group Acupuncture at Align: Yoga, Rocks, & Reiki

Practitioner: Kelly Sherman L.Ac., CHN (Wax and Wane Wellness LLC)

**I understand that at Stress Resilience Group Acupuncture at Align: Yoga, Rocks, & Reiki my acupuncturists Kelly Sherman L.Ac. will be focusing on releasing stress and facilitating relaxation of the mind, body, and spirit. I understand that the main focus of treatment will be helping me to become more resilient to life’s many stressors and to simply give me a time to release, recharge, and realign.**

I understand that treatments are being provided in a group setting. Common side effects of acupuncture treatment in a group setting include deep relaxation, falling asleep, and possibly snoring. I understand that if I need to be woken up at a certain time, I will let reception staff and my acupuncturist know. I understand that I might be too relaxed to drive immediately after treatment. If other people’s snoring bothers me, I understand that I need to bring earplugs or headphones. I understand that group acupuncture involves actual community with a wide variety of people, and may at times require some flexibility, patience, or understanding from me. I understand that group acupuncture is a group healing endeavor and as such my acupuncturist is serving multiple people at once. I understand that I may need to help my acupuncturist locate all of the needles at the end of my treatment and before I leave the treatment space and I am willing to participate in my own treatment process. I understand that it is in the best interest of my treatment and well-being that I come to acupuncture hydrated and with a light stomach (having eaten a meal within 1-2 hours beforehand or having had a small snack immediately beforehand) and that in the hours after acupuncture I drink 16-24 ounces of water and refrain from strenuous activity (high intensity workouts, weight-lifting, etc). Light exercise such as yoga, stretching, and/or walking are lovely and supportive alternatives. I understand that limiting coffee/high caffeine food or drinks and avoiding alcohol/ any intoxicating substances in the immediate hours prior to and after my treatment are in the best interest of my health and well-being.

I understand that acupuncture involves the insertion of fine needles at specific points on the body. Acupuncture is generally considered to be a very safe method of treatment, but I understand that side effects can occur. Possible side effects of acupuncture include bleeding upon removal that may or may not result in a bruise at the needle sight, numbness or tingling near the needling sites that may last a few days, dizziness, and fainting. Unusual risks of acupuncture include infection, spontaneous miscarriage, seizures, nerve damage, and organ puncture, including lung puncture (pneumothorax). I understand that sterile, single-use acupuncture needles are used for treatment and a clean and safe environment is maintained. I understand that therapeutic grade lavender essential oil may be used on a cotton ball to soothe areas of treatment as the needles are being removed; I will inform my acupuncturist if this is not preferred by me for whatever reason. I understand that while this form describes major risks of treatment, other side effects and complications may occur. I do not expect the acupuncturist to be able to anticipate or explain all possible risks and complications of treatment. I understand that results are not guaranteed. I will ask my acupuncturist if I have questions about my treatment or about the risks and benefits of acupuncture before treatment begins. I will notify my acupuncturist if I am trying to conceive or am pregnant.

I understand that my records will be kept confidential per and will not be released without my written consent unless required by law as per the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. My acupuncturist and the administrative staff may review my records as needed.

**Recommendation for Examination by a Physician**

Virginia law requires that our clinic give this form to you if we do not have written evidence that you have received a diagnostic exam in the last six months from a licensed practitioner of medicine, osteopathy, chiropractic or podiatry regarding the condition for which you are seeking treatment. (Code of Virginia §54.1-2956.9, 18 VAC 85-110-10). Acupuncturists are regulated by the Virginia Medical Board, who require that we recommend that you see a physician if you have not within the last six months. This regulation is to your benefit, so that you will not need to get a physician’s referral to see an acupuncturist. Acupuncturists cannot be your primary care physician.

**By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment. I consent to receive acupuncture treatment and other procedures within the scope of acupuncture practice (for myself or for the patient named below, for whom I am legally responsible) from Kelly Sherman L.Ac., CHN. at Align: Yoga, Rocks, & Reiki. I have been told about the risks and benefits of acupuncture and other procedures, have acknowledged my recommendation for examination by a physician, and know I will have the opportunity to ask questions. I intend for the consent to apply towards treatment for my present condition and for any future conditions.**

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Printed Name of Patient Signature of Patient Date

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Printed Name of Patient Representative\* Signature of Patient Representative\* Date

\* **Note:** Patient Representative should sign if patient is a minor, or otherwise unable to sign for him or herself.