

## Circuit Acupuncture Informed Consent Handout

**Consent:** I hereby authorize my Licensed Acupuncturist (L.Ac.) to evaluate and treat according to the principles of Oriental Medicine; this authority shall extend to remedying any unforeseen conditions or reactions to treatment procedures.

**Practitioner Qualifications:** All Licensed Acupuncturists (L.Ac. ) possess at least a master's degree from an Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) accredited educational institution or program and are certified by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM).

**Scope of Practice:** Minnesota Law (Minnesota Statute §147B.06) defines Acupuncture practice as, including, but not limited to the following:

- Using Oriental medical theory to assess, diagnose and develop a plan to treat a patient in an attempt to improve overall body function and/or to relieve pain
- Using treatment techniques that may include:
  - Insertion of sterile acupuncture needles through the skin
  - Acupuncture stimulation including, but not limited to, electrical stimulation or the application of heat with moxibustion or heat lamps
  - Cupping
  - Dermal friction
  - Acupressure
  - Herbal therapies
  - Dietary counseling based on traditional Chinese medical principles
  - Breathing techniques or exercise according to Oriental medical principles

**Possible Side Effects:** I understand that there are possible side effects to my treatment that may include the following:

- Minor pain or soreness in the treatment area
- Transient bruising
- Infection
- Needle sickness (dizziness, nausea, fainting)
- Broken needles
- Sensations of heat, cold, tingling, or numbness
- Skin irritation or slight bleeding at needle site
- Generalized fatigue
- Gastrointestinal disturbance from herbal remedies
- Minor burns from moxibustion (heat stimulation)

**Treatment Outcomes:** I understand that no promises or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give me information so that I might make educated decisions regarding the duration and appropriateness of continued care. I understand that I may stop treatment at any time.