

Cosmetic Acupuncture Consent form

PLEASE READ THIS DOCUMENT CAREFULLY AND COMPLETELY. Initial each page indicating that you have read the page. Your (the patient) signature on the last page indicates that you have read the document, had your questions answered by the practitioner, understand the expectations and risks associated with Cosmetic Acupuncture, and consent to the treatment.

*This is an informed consent that explains the expectations and risks associated with the Cosmetic Acupuncture System. Please be advised that this treatment is **not a surgical procedure**.*

The purpose of Cosmetic Acupuncture is to create a younger and more vibrant appearance. *A Cosmetic Acupuncture treatment involves the insertion of acupuncture needles to the face and/or neck and the body in order to reduce the visible signs of aging. According to the theory of Traditional Chinese Medicine there are meridians or pathways of Qi (energy) that flow throughout the entire body. Therefore, it is possible for Cosmetic Acupuncture to address the energy of the entire body making it not merely a “cosmetic” treatment. Your complexion reflects the state of Qi in your body.*

As with all Traditional Chinese Medicine treatments, like acupuncture, the Cosmetic Acupuncture System involves the patient in a gradual, healthful process that I customize for each individual. Your treatments may include other modalities in conjunction with the acupuncture and will be explained if they are required for your care. The Cosmetic Acupuncture System is in no way analogous to a surgical facelift.

In receiving facial acupuncture, you may experience some of the following changes:

- *Improved muscle tone*
- *Decreased puffiness around the eyes*
- *Firming of sagging skin*
- *Elimination or reduction of fine wrinkles*
- *Even skin tone and improved luster or your complexion*

Other Treatments Often Used by Patients

*Treatment for sagging skin of the jowl and neck, wrinkles, excess skin above and below the eyes, and excess puffiness under the eyes may be corrected by various methods including, but not limited to surgical facelift, chemical peels, liposuction, injections, surgical threading, and laser treatments. **Risks and potential complications including death, severe scarring, nerve damage, sloughing of the skin, lumpiness, swelling, allergic reaction, and permanent discoloration are associated with these other forms of treatment.***

_____ **initial here**

Risks of Cosmetic Acupuncture

In undertaking any procedure, it is important for you to understand the risks involved. Although most patients who receive this technique do not experience complications, the potential side effects or risks are listed here:

- *Bleeding and/or bruising- as with acupuncture in general, when a needle is removed some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally, a bruise or hematoma may appear. With bruising, it is important that you wear sunscreen when going outside. Topical and internal remedies will be discussed to address bruising if it occurs. If welling persists, please call me.*
- *Infection- infection at the needle site is **very rare** after an acupuncture treatment because the needles are sterile. If you suspect infection at the needling site (i.e. redness, swelling, or warm to the touch), call me. Additional treatment or referral to your M.D. may be necessary.*
- *Damage to deeper structures- very shallow insertion of needles go into the skin. However, in certain systems, deeper structures such as blood vessels, nerves, and muscles are **rarely** damaged during the course of a facial acupuncture treatment.*
- *Asymmetry- all facial structures are naturally asymmetrical. Results may vary from side to side due to the natural asymmetry, previous injuries on the side of the body, or severity of symptoms from one side or the other.*
- *Nerve Injury- injury to the motor or sensory nerves **very rarely** results from facial acupuncture treatments, and this system is a very shallow needling procedure.*
- *Needle shock – needle shock is a rare occurrence that can happen during any acupuncture treatment. If you feel faint or shaky during the treatment, please let me know immediately. These symptoms generally occur (if they are going to occur at all) during the first acupuncture experience and are generally due to fear. **The symptoms generally subside as soon as the needles are removed.***
- *Allergic reaction- in rare cases local allergies to topical preparations may occur. Skin testing is done prior to application of any herbal preparations.*
- *Delayed healing- delayed healing is a rare complication. Smoking and certain health conditions such as diabetes, chronic fatigue syndrome, to name a few may delay the healing response of any of the aforementioned risks.*
- *Unsatisfactory results- it is important to understand that you are not having a surgical procedure. The alternatives, risks, and comparisons of surgical procedures versus acupuncture have been discussed and outlined in this document. Please discuss any questions with me before treatment begins.*

Long Term Effects

Following your cosmetic acupuncture treatments, changes in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, stress, illness, or other circumstances not related to acupuncture. Lifestyle and dietary instructions may enhance the longevity of the cosmetic acupuncture treatment. Additional, future treatments will be necessary to maintain results as the normal aging process resumes.

_____ **initial here**

Health Insurance

As with most cosmetic procedures, most health insurance companies do not cover the cost of cosmetic acupuncture. Please contact your insurance company if you have questions about your coverage.

Expectations and Guarantee

It has been explained that Cosmetic Acupuncture is not a surgical procedure. My questions regarding longevity of results and expected changes in my facial appearance have been answered. Although good results are expected, there is no guarantee or warranty either expressed or implied on the results that may be obtained, as with any medical procedure.

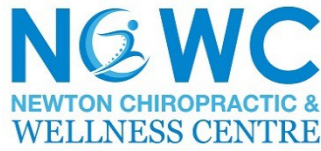
I have read and understand the proceeding pages.

patients signature

Date

practitioners signature

Date



PLEASE READ CAREFULLY BEFORE SIGNING – THANK YOU

PAYMENT POLICY

- All persons are required to pay-in-full for services rendered at time of visit unless otherwise arranged. You may pay by cash, check or charge.
- If you would like us to accept insurance assignment (accept your insurance as payment), you must first apply through our finance department. Once you have been accepted for assignment, as a courtesy to you we will submit your bills directly to your insurance company(s).
- If you would like us to assist you in verifying whether your insurance will cover some or all of your care here, please show the receptionist your health insurance card. The finance department will then advise you of your options.
- You are responsible for your deductible, co-payments and any unpaid balance on your account if your insurance company, for any reason, does not honor their commitment to you.
- We will assist you to understand your policy limitations, but we suggest that you communicate directly with your current carrier with any questions or concerns you have regarding your specific policy, including chiropractic benefits.
- Wellness Care Packages and Care Plans have been created to provide you with an affordable payment option. Please keep track of how many visits you have used.

CANCELLATION POLICY - (PLEASE READ CAREFULLY)

Please notify us as soon as possible if you are unable to keep your appointment. Our answering machine is on 24-hours a day.

Please help us to serve all members by providing us as much notice as possible.

Initials:	<u>*Minimum 24-hour notice prior to a Chiropractic Appointment</u> – Otherwise a \$25 fee will be charged to your account.
_____	<u>*Minimum 48-hour notice prior to an Acupuncture or Massage Appointment</u> – Otherwise an \$89 fee will be charged to your account. (\$125 fee will be charged for a 90-minute Massage appointment).

** Please note - We will do our best to fill your missed appointment. You can also give your space to a friend or family member.*

It is our commitment to serve as many people as we can, providing the highest quality care at an affordable rate.

In order to keep this commitment to the members of our practice, strict enforcement of the cancellation policy is necessary.

I have read, understand, and agree to the above policies.

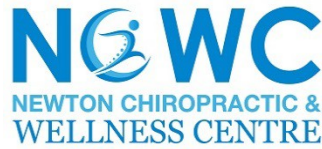
Patient's signature

Date

I hereby assign any insurance payment directly to this office for professional services rendered and shall be personally responsible for any unpaid balance.

Patient's signature

Date



PATIENT CONSENT FORM

Regarding the Use & Disclosure of Protected Health Information

("Consent Form")

For the purposes of this Consent Form, "Office" shall refer to: Newton Chiropractic Centre / Newton Chiropractic & Wellness Centre.

I understand that some of my health information may be used and/or disclosed by the Office to carry out treatment, payment, or health care operations, and that for a more complete description of such uses and disclosures I should refer to the Office's privacy notice entitled, "Our Privacy Practices." I understand that I may review this privacy notice at any time prior signing this form.

I understand that over time the Office's privacy practices may need to change in accordance with law and that if I wish to obtain a copy of the notice as revised, I can call the Office to request such copy.

I understand that I may request restrictions on how my information is used or disclosed to carry out treatment, payment, or health care operations, and that I can also revoke this Consent in, but only to the extent that the Office has not taken action in reliance thereon and also provided that I do so in writing.

I understand that for my protection, any requests to amend my health information or to access my medical records must be made in writing.

Patient Name (please print): _____

Signature: _____ Date: / / _____