



### Informed Consent to Treatment

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Cinda van Lierop, L.Ac. I have discussed the nature and purpose of my treatment with her and understand that the methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, tuina (Chinese massage), Chinese herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, soreness or tingling near the needling sites that may last a few days, and dizziness and fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve irritation and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. 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. Herbal formulas and acupuncture points may have effects on pregnancy. I will notify Cinda van Lierop, L.Ac. if I am pregnant, become or plan on becoming pregnant.

I understand that some forms of herbs (powdered or raw formulas) need to be prepared and the tea consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify Cinda van Lierop, L.Ac., of any unanticipated or unpleasant effects associated with the consumption of the herbal teas or formulas.

I do not expect Cinda van Lierop, L.Ac., to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on her to exercise judgment during the course of treatment which she thinks that at the time, based on the facts then known, is in my best interest.

By voluntarily signing below I show that I have read, or have had read to me, this 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.

I understand that there is a 24-hour cancellation policy. If I do not give 24 hours advance notification to change or cancel my appointment, I will be charged the full appointment fee. It is your financial responsibility to pay at the time services are rendered.

\_\_\_\_\_  
Signature of Patient or Authorized Representative

\_\_\_\_\_  
Cinda van Lierop, L.Ac.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Date Consent Completed





## Notice of Privacy Practices

Dear Valued Patient,

Your privacy is taken very seriously at Sea Dragon Acupuncture & Herb Clinic. This notice describes this office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from this office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

*Safeguards in place at this office include:*

- Limited access to facilities where information is stored.
- Policies and procedures for handling information.
- Requirements for third parties to contractually comply with privacy laws.
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

*Types of information that I gather and use:*

In administering your health care, we gather and maintain information that may include non-public personal information.:

- About your financial transactions with us (billing transactions).
- From your medical history, treatment notes, all test results, and any letters, faxes, emails or telephone conversations to or from other health care practitioners.
- From health care providers, insurance companies, workman's comp and your employer, and other third part administrators (e.g. requests for medical records, claim payment information).

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call during regular business hours at (415) 596-1600.

Yours truly,

Cinda van Lierop, L.Ac.