

ALTERNATIVE MEDICINE CONSENT FORM

I, _____, HEREBY CONSENT TO BE TREATED WITH ACUPUNCTURE AND/OR HERBAL MEDICINES BY DR. MARIA HART, OR WHOM EVER SHE DESIGNATES IN HER ABSENCE.

I UNDERSTAND THAT ACUPUNCTURE IS THE INSERTION OF FINE NEEDLES INTO SPECIFIC POINTS ON THE BODY WITH THE INTENT TO IMPROVE BODY FUNCTIONS AND/OR RELIEVE PAIN. I UNDERSTAND THAT ONLY PRE-STERILIZED, DISPOSABLE NEEDLES WILL BE USED. I UNDERSTAND THAT THE NEEDLES MIGHT CAUSE SOME TEMPORARY DISCOMFORT/LOCALIZED PAIN, BRUISING, OR LIGHT HEADACHE.

I UNDERSTAND THAT DETOX TREATMENT MIGHT BE USED AS AN ALTERNATIVE TREATMENT, THE MIGUN, INFRARED SAUNA, LYMPHATIC DRAINAGE, VIBRASLIM, AND/OR ION CLEANSE MIGHT ALSO BE USED. I UNDERSTAND THAT THE ION CLEANSE TENDS TO LOWER BLOOD SUGAR LEVELS IN DIABETICS AND PATIENTS WITH LOW BLOOD SUGAR. EATING IS RECOMMENDED BEFORE DOING THIS TREATMENT. I UNDERSTAND THAT TREATMENT MIGHT CAUSE TEMPORARY DISCOMFORT.

I AM IN FULL COMPLIANCE WITH THE FACT THAT IN THE EVENT I DECIDE TO SEEK TREATMENT FROM ANOTHER HEALTH PROVIDER OUTSIDE THIS CLINIC AND PATIENT RECORDS NEED TO BE TRANSFERRED, ALL HERBAL MEDICINE AND/OR ACUPUNCTURE POINTS ARE COPYRIGHTED. THEY ARE EXCLUSIVELY PROPERTY OF ALTERNATIVE MEDICINE CLINIC. THEY CAN ONLY BE TRANSFERRED WITH WRITTEN PERMISSION.

I ACCEPT THE FACT THAT THERE IS NO GUARANTEE CONCERNING THE OUTCOME OF MY ACUPUNCTURE, HERBAL MEDICINE, OR DETOX TREATMENTS. I UNDERSTAND THAT I MAY STOP TREATMENT AT ANY TIME. I ALSO ACCEPT THE FACT THERE ARE NO REFUNDS ON ANY SERVICES, INCLUDING HERBAL MEDICINES.

ALL PAYMENTS MUST BE PAID IN FULL AT TIME OF TREATMENT. WE DO NOT PARTICIPATE IN OR ACCEPT ANY INSURANCE. YOU MAY FILE FOR REIMBURSEMENT YOURSELF FROM YOUR INSURANCE COMPANY. WE DO NOT FILE ANY REQUESTS. PLEASE ASK FRONT DESK TO INCLUDE DIAGNOSTIC CODE ON RECEIPT FOR EACH VISIT IF NEEDED.

IF YOU ARE PREGNANT, LACTATING, HAVE A PACE MAKER, DEFIBRILLATOR, CERTAIN ELECTRONIC IMPLANTS, OR ORGAN TRANSPLANT YOU ARE NOT ELIGIBLE FOR ACUPUNCTURE OR DETOX TREATMENTS.

SIGNATURE OF PATIENT

DATE

THE EMPLOYEES AT ALTERNATIVE MEDICINE CLINIC ENDEAVOR TO MAINTAIN YOUR CONFIDENTIALITY TO THE BEST OF THEIR ABILITY. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING PRIVACY OF YOUR RECORDS PLEASE CONTACT THE OFFICE MANAGER.