

ACUPUNCTURE INFORMED CONSENT

Please initial each point and sign at the bottom:

_____ **Cancellation:** I understand that my missed appointment is a missed opportunity for another client to receive treatment. I understand that my failure to provide 24-hour advance notice of my cancellation will result in a cancellation fee of 50% of treatment fee.

_____ **Late Arrival:** As a courtesy to other clients, we regret that late arrivals will not receive an extension of the scheduled appointment time, thus your treatment will be shortened. If you arrive 20 minutes or more late, we reserve the right to deny treatment and charge the 50% no show fee.

_____ **Appropriate Dress:** Please wear or bring loose comfortable clothing, you will not need to undress. Most common points are located below the elbows and knees and on the abdomen, so access to those areas is crucial. Shorts or pants with leg opening that fit comfortable over the knee are recommended. One-piece dresses are not recommended.

_____ **Needle safety:** During acupuncture, I agree to remain lying down during treatment and not to remove or manipulate the acupuncture pins.

_____ **Payment:** I understand payment is expected at time of visit. Payment can be made by cash, or check (Please note you are responsible for returned checks, including fees levied). If your insurance carrier covers treatment, a receipt can be generated for claim submission and reimbursement.

I have read, or have had read to me, the above policies, including the various adjunctive therapies that may be used during a treatment. I have had an opportunity to ask questions and by signing below I agree to the above.

Name (Print) _____

Signature: _____ Date: _____