

The Wright Point, L.L.C.

Consent Form

Kim Wright, L.Ac., M.Ac., Dipl. Ac. (NCCAOM), P.T.
5710 Newbury St. 2nd floor
Baltimore, MD. 21209

Voluntary

I hereby voluntarily consent to be treated with acupuncture, by a licensed practitioner in the state of Maryland. The procedures involved in this treatment have been fully explained to me. I understand that I may be treated with the insertion of needles and/ or the application of heat to the skin. I understand that both the National Institute of Health (NIH) and the World Health Organization (WHO) have proven acupuncture to be effective in the treatment of many common problems. I am not guaranteed any success concerning the uses and effects of acupuncture and that I am free to discontinue treatment at any time.

Treatment Palpation/ Possible Side Effects/ Healing Reactions

I understand that acupuncture treatment involves palpation of the body including the torso and extremities for diagnostic purpose and acupuncture point location, and that I may request specific areas of the body not be palpated. I understand that I may be asked to disrobe in order to access acupuncture points, and I may decline at any time.

I understand that acupuncture may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain or discomfort, infection, nerve injury, and temporary aggravation of symptoms existing prior to treatment. The most serious risk is accidental puncture of the lung (pneumothorax). This could only occur with needling over the rib cage. If this were to occur, it may only require a chest x-ray and require no further treatment as it can resolve on its own. The symptoms of pain and shortness of breath may last from several days to weeks. More severe lung puncture may require hospitalization and re-inflation of the lung. This is a rare complication.

Medical Referral

I recognize that an acupuncturist is not a substitute for a medical physician which does not suggest that I discontinue medical treatment. I am free to consult a medical physician or other licensed practitioner at any time. I understand that if there is a worsening of my ailment or condition, or if it does not improve within the time estimated by the acupuncturist, or if a new ailment or condition arises, I should consult a licensed physician.

Infectious Disease/ Clean Needle Procedures

I understand that universal precautions are being followed to guard against the spread of infection carried through the air, physical contact and body fluids. To protect against the spread of blood- borne pathogens, such as HIV or hepatitis, I understand that strict precautions are followed with the use of sterilized, pre-packaged disposable needles and clean/ sterile treatment procedures, according to nationally prescribed standards. Needles that are used for my treatment are used only on me. I understand that any question I have regarding the safety of acupuncture and precautions taken by my practitioner are most welcome and will be answered as fully as possible.

Trigger Point Dry Needling/Intramuscular Therapy

Trigger Point Dry Needling involves placing an acupuncture needle into a tight, painful band of muscle in order to cause the muscle to contract and then release. This release improves the flexibility of the muscle and therefore lessens the pain and may improve range of motion. Muscle soreness is a common side effect.

Privacy Practices

I have received the Notice of Privacy Practices and the accompanying Practices Regarding Disclosure of Medical Information. I understand my health information will be used and disclosed consistent with this Notice, and I have the right to request restrictions on certain uses and disclosures of my health information.

I have read this form carefully and have freely asked any questions regarding the process and it has been satisfactorily explained to me.

Print name of patient

Date

Patient or guardian signature

Witness signature