



1401 Tamiami Trail, Suite B, Punta Gorda, FL 33950 | 941-979-2004 | kathy@wellbeing-acupuncture.com

Version July 2020

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Florida State Board of Acupuncture License #AP 4103**

Voluntary Consent to Treatment

I hereby voluntarily consent to be treated by acupuncture (or the patient named below, for whom I am legally responsible) administered by Kathleen Koch, a licensed acupuncturist in the State of Florida. The procedures involved in this treatment have been fully explained to me. I understand that I may be treated with the insertion of sterile needles and/or with the application of heat herbs on the skin, as well as cupping, qua sha, herbal formulas, acupressure and essential oils and breathing techniques. Every person is unique. Therefore, there are no guarantee's concerning the uses and effects of acupuncture. I understand that I am free to discontinue treatment at any time.

A Team Effort: The Patient's Responsibility

I understand that it is my responsibility as a client to inform my practitioner of all aspect of my health and that, as service progresses, to inform my practitioner of changes that occur. I will inform my practitioner if I am pregnant and/or suspect pregnancy at any time. If I experience any pain, discomfort or possible adverse side effects, it is my responsibility to immediately notify my practitioner.

Possible Side Effects/Healing Reactions

I understand that acupuncture is a safe method of treatment, but it can result in certain infrequent side effects, including local bruising, slight bleeding, fainting, temporary pain or discomfort. On rare occasion there can be a temporary aggravation of symptoms existing prior to treatment. This is a particular healing process called "Law of Cure". It would normally begin and end within the period of 24 to 72 hours of an acupuncture treatment. If you have any concerns, please feel free to call me.

Medical Referral

I recognize that my practitioner is not a substitute for a medical doctor and will not suggest that I discontinue medical treatment. If I am presently under the medical care of a physician, I have been advised to continue any such medication as has been prescribed until such time as the medical doctor deems it appropriate to reduce or discontinue such treatment. Over time, acupuncture has been found to enhance conventional medications so lower doses may be more effective; and it is my responsibility to consult with my physician. If there is an emergency, or a worsening of my health condition, or a new ailment or condition arises, I should consult a licensed physician.

Clean Needle Technique

I understand that my practitioner uses only sterilized, prepackaged disposable needles. Needles that are used for my treatment are used only on me, only one time, and are inserted according to clean needle procedures based on nationally prescribed standards. I understand that any questions about the safety of and precautions taken by my practitioner are most welcome and will be answered.

Fees

Effective December 15th 2019, the fee for the initial diagnosis and first treatment is \$160.00 and for each subsequent treatment is \$90.00. Home visits will be more according to the time and travel to patient's home. Payment is due at the time of treatment unless previous arrangements have been made.

wellBeing Acupuncture

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Fees may be adjusted on a sliding scale if necessary. Credit cards are accepted. I can contact my insurance plan administrator to determine if acupuncture is a covered benefit and if I can be reimbursed. If covered, my acupuncturist may be able to provide a form and needed information for my insurance.

Late Cancellation Fee

I agree to pay a charge of \$30.00 for any missed appointment or cancellation with less than 24 hours' notice. Please leave a message at **941-979-2004**. Of course, this fee will be waived in the event of an emergency.

Confidentiality

I understand that my records are confidential and will not be released without my written consent.

I understand that what I share with my acupuncturist is in confidence and will not be disclosed to anyone unless:

- The client is a suspected victim of abuse, neglect, or domestic violence
- There is concern the client may do harm to themselves or someone else
- In response to a valid subpoena

I have read this form carefully. I have felt free to ask any questions regarding this process and they have been satisfactorily explained to me.

Printed name of patient

Date

Signed by patient or guardian

Signed by witness/practitioner