

Energetic Medicine, PLLC
3216 NE 45th Place
Seattle, WA 98105

Consent for Purposes of Treatment, Payment, and Health Care Operations

I consent to the use or disclosure of my protected health information by Energetic Medicine for the purpose of diagnosing or providing treatment to me, or to obtain payment for my health care bills.

I understand that diagnosis or treatment of me by Energetic Medicine may be conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Energetic Medicine is not required to agree to the restrictions that I may request. However, if Energetic Medicine agrees to a restriction that I request, the restriction is binding on Energetic Medicine.

I understand that methods of treatment may include, but are not limited to, acupuncture, moxibustion, cupping, qua sha (scrapping technique), electrical stimulation, Tiu-Na (Oriental massage), herbal medicine and nutritional counseling.

I understand that acupuncture is generally a safe method of treatment, but that it may have some side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Usual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion and cupping. I understand that while this document describes the major risks of treatment, other side effect and risks may occur. The herbs and nutritional supplements (which are from plant and mineral sources) that may have been recommended are traditionally considered safe in the practice of Oriental 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. I will notify a clinical staff member who is caring for me if I am or become pregnant.

I have the right to revoke this consent, in writing, at any time, except to the extent that Energetic Medicine has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present, or future physical or mental health or condition and identifies me, or there is reasonable basis to believe the information may identify me.

I understand that I have a right to review Energetic Medicine's Notice of Privacy Practices prior to signing this document. Energetic Medicine's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care procedures provided by Energetic Medicine.

The Notice of Privacy practices for Energetic Medicine is also provided at 3216 NE 45th Place, Seattle, WA 98105. This Notice of Privacy Practice also describes my rights and the duties of Energetic Medicine. Energetic Medicine reserves the right to change the privacy practices that are described in the Notice Of Privacy Practices. I may obtain a copy of Energetic Medicine's Notice of Privacy Practices by requesting a copy, in writing, to be mailed to me or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative Authority (such as parent or guardian)