

## **Informed Consent**

I understand that the treatment I receive at Blackstone Acupuncture, LLC is performed by Tlahtoki Xochimeh, Ph.D., L.Ac., a graduate of the Minnesota College of Acupuncture and Oriental Medicine (MCAOM). I have been informed that Tlahtoki Xochimeh, Ph.D., L.Ac., is licensed to practice Traditional Chinese Medicine by the Minnesota Board of Medical Practice (MBMP) and that he is nationally certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

I have been informed that acupuncture needles are sterile, single-use, and disposable.

I understand that acupuncturists do not make Western medical (biomedical) diagnoses and that it is my responsibility to seek such diagnosis elsewhere if I have not already done so.

I hereby authorize Tlahtoki Xochimeh, Ph.D., L.Ac. to diagnose and treat according to the professional standards of Chinese medicine and their own professional judgment. This authority shall extend to remedying any unforeseen conditions or reactions to treatment procedures. I understand that my treatment at Blackstone Acupuncture, LLC may include a variety of Traditional Chinese medicine modalities, such as acupuncture, *tui na* (Chinese massage therapy), moxibustion, herbal therapies, cupping, electrical stimulation, magnet therapy, dermal friction (*guasha*), acupressure, dietary counseling, breathing techniques, and exercises based on Chinese medicine principles.

I understand that there are possible unforeseen risks attendant to the performance of the procedures of Chinese medicine. I have been informed that possible side effects of Chinese medicine treatment are rare and may include, but are not limited to, transient bruising, bleeding, skin irritation, mild pain in the treated area, muscle weakness and soreness, brief generalized fatigue or nausea, temporary worsening of some symptoms, and risk of infection. Herbal remedies may have side effects including, but not limited to, gastrointestinal disturbance. Moxibustion can cause burns or temporary skin discoloration.

I understand that no promises or guarantees can be made regarding the outcome of treatment and that reasonable efforts will be made to give me information so that I may make an educated decision regarding the duration and appropriateness of continuing care at Blackstone Acupuncture, LLC. All of my questions prior to receiving treatment have been answered to my satisfaction.

I understand and agree that I am ultimately responsible for the balance on my account. I understand that all fees are payable at the time that service is received. I understand that missed appointments and cancellations not made at least 24 hours prior to an appointment will be charged to the patient.

I **HAVE** / **HAVE NOT** (circle one) been examined by a licensed physician or other licensed health care provider with regard to my illness or injury. If yes, I have informed Tlahtoki Xochimeh, Ph.D., L.Ac., of the diagnosis.

I **DO** / **DO NOT** (circle one) have a pace maker.

I **DO** / **DO NOT** (circle one) have a bleeding disorder.

Client/Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_