

## **Informed Consent**

Thank you for selecting the services I provide as part of your healthcare regiment. The following provides an overview of me and other relevant information.

### **Personal Information**

I graduated from Northwestern Health Sciences University and have received my Master's Degree in Acupuncture and Oriental Medicine. I am board certified through the National Certification Commission for Acupuncture and Oriental Medicine (N.C.C.A.O.M.) and licensed in the States of Minnesota, Wisconsin, and South Dakota.

I am also a graduate of the Quantum Energetics Academy (QEA) and have received my Doctorate in Energy Medicine. I am a Certified Practitioner in Quantum Energetics Structured Therapy (QUEST) and am a member of the Association for Advancement of Energy Medicine (AAEM).

I have received training in using essential oils in various treatments and have been trained in using the Essential Oil Raindrop Therapy developed by Gary Young of Young Living Oils. My background includes knowledge and training in health, nutrition, and oriental herbs.

I have received training and certification on the Mei Zen Facial Cosmetic Acupuncture program.

### **Introduction to Acupuncture and QUEST**

Acupuncture is an ancient Chinese health science used to successfully treat both pain and dysfunction in the body and encourages the body to promote natural healing and to improve functioning thereby helping to produce a state of optimum balance or health within the body. Restoring normalcy to the body's energy field is done by stimulating a combination of specific acupoints through a number of different applications and techniques; the needle is just one of them. Acupuncture also utilizes acupressure, gua sha, tui na (form of Chinese massage), auricular therapy, cupping, and oriental herbs.

QUEST, a form of alternative healthcare, is a systematic process using subtle energy to trigger the natural healing processes within the body. The ultimate aim of QUEST is to produce a state of optimum balance or health with the bio-energetic field known as the body. QUEST focuses on early detection and preventative healthcare, strengthening the immune system, and repairing injured or diseased tissue. QUEST uses a range of techniques for evaluation and healing which includes muscle testing and touch, as well as the use of ingestible substances. QUEST has established the importance of a defined sequential order of treatment to assure lasting results.

Health is an inner resiliency that allows you to meet the demands of life. Being in a state of health helps you thrive in the face of environmental, physical, emotional and mental stresses. When your body's qi is balanced and flowing freely, the body's natural self-healing abilities are activated, enabling internal stability and harmony to occur.

### **Evaluation Procedures**

During your first visit, you will be asked to complete a standard client history form, which summarizes your medical history but is not limited to: current and past medical history, surgical, hospitalization, medications, and alternative care. You will also be asked to identify any problems or health concerns you may have.

After a review of your history information, your present energy health status will be assessed. Evaluation and Assessment will utilize techniques of Acupuncture and Oriental Medicine as well as QUEST. This may include but is not limited to: tongue and pulse diagnosis, muscle testing, palpation, inspection, and

taking blood pressure. Muscle testing is a simple technique that identifies areas of energy imbalance; surrogate muscle testing may also be used. After your examination, any findings will be discussed with you and a treatment strategy will be established. At the conclusion of your office visit, we will discuss any follow-up treatments that may be needed.

**Financial Information**

Payment is on a fee-for-service basis and is payable at the time care is rendered. The fee is assessed is a charge for the session, not by the hour. I build my practice by virtue of quality of service rendered. I also try to keep the cost of examinations and care to a minimum, but I do not want to compromise your health because of financial matters.

Any herbs, supplements, or oils that may be needed can be purchased at the time of your visit and payment will need to be rendered at that time.

**Personal Commitment**

It is my intention to do my very best with each patient. Please remember, you are ultimately the final authority in your own healthcare. You have the right to consult with other healthcare providers for regular or emergency care. I either ask that you report such events to me, before or after it was necessary. In certain circumstances, I may be required to report some information to State Agencies or make a medical emergency referral to another practitioner.

**Confidentiality**

Your records will be kept confidential and will be released only with your written consent, or in case of medical emergencies, or in response to court ordered subpoenas. (Confidentiality may be withdrawn if the individual poses a significant threat to self or others.) Refer to the Health and Privacy Notice that is available.

**Communications**

As it may become necessary to arrange, change, or cancel an appointment and/or meeting, or to relate other pertinent information to you, I will need your permission to contact you either at your home or work. This also applies to written correspondence whether it is via e-mail, regular mail service, or text. Your signature below authorizes me to contact you accordingly. Please advise me of any changes to your phone numbers, e-mail address, and postal mail address as they occur so I can keep your file updated.

Please provide 24 hours of notice if you need to cancel an appointment. Consistent overlooking canceling an appointment may result in fees being applied. A copy of this consent will be placed in your file as a record. At your request, you may have a copy of this consent for your files.

**Signature**

Please sign and date the informed consent. By signing below, this indicates you have read this disclosure and are agreeing to the terms of the consent. This consent will remain in force until there is a change to the form and at time, you will be made aware of the changes and asked to complete a new form. I reserve the right to add, modify, or delete terms of this agreement at any time.

If you are under 18 years of age, your parent or legal guardian may be required to review and sign this consent.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

Parent/Guardian Signature (if client under 18 years)

Date