**Our Clinic Protects Your Health Information and Privacy**

This notice describes our office's policy for how medical information about you may be used and disclosed, how you can get access to this information, and how your privacy is being protected.

In order to maintain the level of service that you expect from our office, we may need to share limited personal medical and financial information with your insurance company, with Worker's Compensation (and your employer as well in this instance), or with other medical practitioners that you authorize.

**Safeguards in place at our office include:**

- Limited access to facilities where information is stored;
- Policies and procedures for handling information;
- Requirements for third parties to contractually comply with privacy laws;
- All medical files and records (including email, regular mail, telephone, and faxes sent) are kept on permanent file.

**Types of information that we gather and use:**

In administering your health care, we gather and maintain information that may include non-public personal information:

- About your financial transactions with us (billing transactions);
- From your medical history, treatment notes, all test results, and any letters, faxes, e-mails or telephone conversations to or from other health care practitioners;
- From health care providers, insurance companies, workman's comp and your employer, and other third party administrators (*e.g.* requests for medical records, claim payment information).

In certain states, you may be able to access and correct personal information we have collected about you (information that can identify you - *e.g.* name, address, etc.).

We value our relationship, and respect your right to privacy. If you have questions about our privacy guidelines, please call us during regular business hours at 719.334.3347.

PRINTED NAME _____

SIGNATURE _____        Date _____

☐ Patient     ☐ Parent     ☐ Guardian

Amy B Oros, DOM, LAc _____        Date _____
Colorado License #: ACU2225; Florida License #: AP4202

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of practice of acupuncture and traditional Chinese medicine on me (or patient named below, for whom I am legally responsible) by the acupuncture practitioner named below and/or other licensed acupuncture practitioner serving as back-up for practitioner, whether signatories to *this* form or not.

I understand that the methods of treatment may include, but are not limited to acupuncture, injection therapy, Oriental herbs and/or Western nutritional supplements to promote health and well being, cupping, moxibustion, electrical stimulation, Tui-Na (Oriental Massage), and/or dietary and life style counseling. I understand that herbs may need to be prepared and teas consumed according to instructions provided orally and in writing. These herbs may be an unpleasant smell or taste. I will immediately notify the acupuncturist and/or member of the clinical staff of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I have been informed that acupuncture is generally a safe method of treatment, but may have some side effects, including minor bruising, numbness or tingling near the sites that may last a few days, dizziness or fainting, a broken needle, or may produce a temporary flare-up of symptoms. Bruising is a common side effect of cupping. Fainting can most easily be avoided if patient takes care not to come to treatment when he or she is exhausted, tired or hungry. To avoid needle breakage, patient must limit their movement while on the table. With sterile, disposable needles there is no risk of AIDS or hepatitis from the needles. Unusual risks of acupuncture are rare but include pneumothorax: (lung puncture), nerve damage and organ puncture, spontaneous miscarriage. I understand that while this document describes the major risks of treatment, other side effects and risks may occur. The herbs and nutritional supplements (which are from plant, animal and mineral sources) that 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.

The acupuncture practitioner must be advised if the patient has a pacemaker, cardiac condition, bleeding disorder, history of seizures, is or may be pregnant. Patients who take blood thinners such as Coumadin (Warfarin) should probably not get acupuncture due to the increased risk of bleeding and should consider "needleless" electrical stimulation of acupuncture points.

I do not expect the acupuncture practitioner to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the practitioner to exercise judgment during the course of treatment, which based on the facts then known is in my best interest. While there are a number of alternatives that exist, the prognosis for treatment depends on the patient's condition, the duration and frequency of treatment and the responsiveness of the patient to both the treatment and the treatment plan. I understand that results are not guaranteed.

I understand that the practitioner and/or clinical staff may review my patient records, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

PRINTED NAME _____

SIGNATURE _____ Date _____
☐ Patient     ☐ Parent     ☐ Guardian

Amy B Oros, DOM, LAc _____ Date _____
Colorado License #: ACU2225; Florida License #: AP4202