



Informed Consent to Traditional Chinese Medical Health Care

I hereby request and consent to receive treatment from Sky Hill Wellness LLC, and any affiliated Licensed Acupuncturist. Traditional Chinese Medical treatments include various modalities including but not limited to acupuncture, cupping, gua sha, manual therapy such as Tui Na, herbal and dietary supplements, dietary recommendations and healthy lifestyle counseling. I understand that I have the right to inquire about and refuse any part of the treatment.

I understand and am informed that, as in allopathic medicine, in the practice of Traditional Chinese Medicine there are some risks of treatment. I understand that although these risks are unlikely to occur, they are possible. These risks include but are not limited to: bleeding, bruising, nerve pain, burns, punctured organs, aggravation of current symptoms, the appearance of new symptoms, fainting, and fatigue. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, and I wish to rely on the acupuncturist to exercise such judgment to be in my best interest based on the known facts at the time. Although I am aware that acupuncture and the other procedures used in Traditional Chinese Medicine have helped millions of people, I understand that no guarantee of cure or improvement in my condition is given or implied.

Policies & Procedures:

Privacy Practices

I have reviewed Sky Hill Wellness LLC's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document upon request.

Appointment Reminders and Follow Up Communication

We may use or disclose your health information to provide you with appointment reminders and follow up communication via phone, voicemail, email or letter.

Payment

Payment in full is due at the time of service. We accept cash, checks, and most major credit cards.

CANCELLATION POLICY

If you need to cancel or reschedule an appointment, we must receive twenty-four (24) business hours notice. Our policy is to allow a one-time short notice cancellation without charge. If there is a second time, we will charge the full appointment fee.

I have completed this form to the best of my knowledge. I have read and understood the Informed Consent and Policies & Procedures information. By signing below, I agree to a course of treatment in Traditional Chinese Medicine and intend this consent form to cover the entire course of treatment for my present condition as well as any future condition(s) for which I seek treatment with this practice.

Patient Name (Print)

Patient Signature

Date Signed