

Havertown Community Acupuncture
14 E. Eagle Rd.
Havertown, PA 19083
www.havertownacupuncture.com
havertownacupuncture@gmail.com
610-789-1120

Acupuncture Consent Form

“Acupuncture” means the stimulation of a certain point or points on or near the surface of the body by the insertion of special needles. The purpose of acupuncture is to prevent or modify the perception of pain and is thus a form of pain control. In addition, through the normalization of physiological functions, it may also serve in the treatment of certain disease or dysfunctions of the body. Acupuncture may include the techniques of electro-acupuncture (the therapeutic use of weak electric currents at acupuncture points), mechanical stimulation (stimulation of an acupuncture point or points on or near the surface of the body by means of apparatus or instrument), and moxibustion (the therapeutic use of thermal stimulus at acupuncture points by burning artemisia alone or artemisia formulations).

The potential risks: slight pain or discomfort at the site of needle insertion, infection, bruises, weakness, fainting, nausea, and aggravation of problematic systems existing prior to acupuncture treatment.

The potential benefits: acupuncture may allow for the painless relief of one’s symptoms without the need for medications or other invasive therapies, and improve the balance of bodily energies leading to the prevention of illness, or the elimination of the presenting problem.

HIPAA Policy

I have been given Notice of Privacy Practices and I understand the content of that document regarding my health information. I have received satisfactory explanation regarding proposed services and have felt free to ask any questions about them.

Printed Name

Patient Signature (Patient or Guardian) and Date

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Notice of Privacy Policies

HIPAA, The Health Insurance Portability and Accountability Act of 1996, established rights and protections for healthcare consumers and created responsibilities for healthcare providers.

The HIPAA Privacy Rule of April 14, 2001 requires healthcare providers to implement administrative, technical, and physical safeguards to ensure the security of your individually identifiable health information that we collect to conduct business.

The following is informing you of the implementation of these Privacy Policies.

Information Collected

On your initial visit, you are asked to sign an Acupuncture Consent Form, and complete a written Confidential Patient Information Sheet concerning your health history and other relevant personal data.

Each time you visit for an acupuncture treatment, a written record of your session is made on Acupuncture Progress Notes. This contains results of your Verbal and Physical Assessment, Acupuncture Diagnosis, Acupuncture Treatment (including points or adjunct tools used), and any recommendations or referrals.

Therefore, any data collected from your physician in compliance with this regulation will be placed in your chart. Your chart is completely confidential and filed in a locked cabinet. Other data that may be requested throughout your course of treatment, such as Laboratory or Medical Test Results, may also be kept in this file. Any correspondence received from a medical or acupuncture consultation and/or attorneys will also be placed in your own individual confidential file

Information Shared

Information is not shared outside of the office without your written authorization. You have the right to decide whom and for how long anyone else may have a copy of our records.

The right to call you at the phone numbers you have given is requested for the sole purpose of making appointments, notifying you of changes in office hours or cancellations due to inclement weather, or to inquire about your health status between treatments. The right to leave messages on these numbers is requested.

The right to mail you information concerning marketing materials, events, or other materials to the address and email address you have provided is requested.

No health information is shared without your express written consent. For emergencies, the right to call a family member at the number you provide is requested.

HIPAA explicitly allows disclosure of patient health information without consent for the following situations: emergency circumstances; identification of the body of a deceased person or the cause of death; public health needs; research; oversight of health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security.

Patient Acknowledgement of Privacy Policies

Printed Name _____

Signature and Date _____