



# The Acupuncture Studio

## Consent to Treatment Form

### Voluntary

I hereby voluntarily consent to be treated by Stacy McCurdy, L.Ac. The procedures involved in this treatment have been explained to me. I understand I may be treated with the insertion of needles and/or with applications of heat to the skin.

I am not guaranteed any success concerning the uses and effects of acupuncture. I understand that I am free to discontinue treatment at any time.

### Possible Side Effects/Healing Response

I understand that acupuncture may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain or discomfort, burn to the skin, and temporary aggravation of symptoms existing prior to treatment. Conventional medical therapy may be indicated, either in response to an emergency or as deemed necessary in the discretion of a licensed physician.

### Medical Referral

I understand that if there is a worsening of my ailment or condition or if it does not improve within the time estimated by the acupuncturist as the beginning of the treatment, or if a new ailment or condition arises, that I should consult a licensed physician.

### Clean Needle Procedures

I understand that Stacy McCurdy, L.Ac. follows strict clean-needling precautions. Stacy McCurdy, L.Ac. will only use sterilized, prepackaged disposable needles. Needles that are used for my treatment are used only on me and are inserted according to clean procedures based on nationally prescribed standards.

### Confidentiality

I understand that confidentiality and anonymity will be preserved at all times. I understand that it is my responsibility as a patient to inform my practitioner about all aspects of my health and that as treatment progresses to inform my practitioner of changes as they occur.

### Cancellation Policy

I understand that there is a **24 hour** cancellation policy. Should I fail to cancel my appointment in a timely manner or if I forget my appointment, I will remit the agreed upon fee for the treatment slot I scheduled.

I have read this form carefully. I have felt free to ask questions regarding this process and it has been satisfactorily explained to me.

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Signed by Patient

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Date

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Signed by Acupuncturist

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Date

