

Pathways to Wellness
CODE OF CONDUCT/RIGHTS & RESPONSIBILITIES

Please initial each point and sign at the bottom:

_____ **Diversity:** Pathways does not discriminate based upon age, gender, race, religion, sexual orientation, health status or the ability to pay. We hope you will join us in honoring diversity.

_____ **Confidentiality:** I agree to maintain the confidentiality of all other clients of the clinic. Our staff will maintain your confidentiality by not acknowledging you outside of the clinic unless you first acknowledge them.

_____ **Cancellation:** I understand that my missed appointment is a missed opportunity for another client to receive treatment. I understand that my failure to provide 24-hour advance notice of my cancellation will result in a cancellation fee of 50%, not less than \$10, of my treatment fee.

_____ **Late Arrival:** As a courtesy to other clients, we regret that late arrivals will not receive an extension of the scheduled appointment time, thus your treatment will be shortened. If you arrive 20 minutes or more late, we reserve the right to deny treatment and charge the 50% no show fee.

_____ **Appropriate Dress:** Please wear or bring loose comfortable clothing, you will not need to undress. Most common points are located below the elbows and knees and on the abdomen, so access to those areas is crucial. Shorts or pants with leg opening that fit comfortable over the knee are recommended. One-piece dresses are not recommended.

_____ **Identifying Information:** I understand that any published research will not contain identifying information and that my medical record will not be released without my written consent.

_____ **Needle safety:** During acupuncture, I agree to remain lying down during treatment and not to remove or manipulate the acupuncture pins.

_____ **Etiquette:** I agree not to come into the clinic under the influence of alcohol or non-prescribed drugs. I agree to turn any cell phone/pager to silent mode. I agree to respect other client's relaxation and will keep conversation to a minimum when in the treatment room. I understand that the practitioner has the right to refuse treatment at any time.

_____ **Payment:** I understand payment is expected at time of visit. Pathways accept cash, check, or charge. If your insurance carrier covers treatment, please speak directly with your insurance provider to submit a claim.

_____ **Mailings:** I would like to receive, by mail, health information, newsletters, and announcements from Pathways.

I have received a copy of the Notice of Pathways Privacy and Grievance Procedure. My signature does not reflect agreement or disagreement with the policies. I understand that this notice outlines my rights and the duties of Pathways in relation to protected health information.

Signed: (Client) _____ Date: _____

[I would like to receive additional information of the specific directive and policies of Pathways concerning protected health information.]
Signed (Optional) _____

I have read, or have had read to me, the above clinic policy. I have had an opportunity to ask questions and by signing below I agree to the above.

Name (Print) _____ Signature: _____ Date: _____

Pathways to Wellness

INFORMED CONSENT

I agree to receive complementary therapies from any practitioner employed at Pathways, which may include, but is not limited to, acupuncture, press balls, moxabustion, herbal medicine, massage, cupping, gwa sha, heat lamp therapy, or electrical stimulation. I am aware that, though all precautions will be taken to ensure that my treatments are comfortable, occasionally a procedure may cause discomfort. It is my responsibility to alert my practitioner if this does occur so that she/he can take action to remedy this.

Acupuncture: Insertion of fine solid sterile needles into the body. There may be a sensation of heaviness, numbness, warmth, tingling, or electricity. This should not be equated with pain, but is considered to be normal. There also may be some residual sensation following the removal of the needles. Although care is taken during needle insertion, occasionally bruising or sensitivity at the insertion point may occur. This will resolve within a few days. Acupuncture may induce feelings of deep relaxation, or rarely lightheadedness. If this occurs, inform the staff and you can relax in our waiting area. Be sure to eat regular meals and do not have a treatment on an empty stomach.

Press Balls: Following treatment, small metal balls composed of steel may be taped to specific points. If there is any irritation or discomfort, simply remove and discard it. Typically, pressballs are left in place for 1-3 days in summer and 5-7 days in winter. Please remove after that length of time or earlier.

Moxabustion: The burning of the herb *Artemesa vulgaris*, may be done above the skin, on the needle, or directly on the skin. With any type of heat application, including moxabustion or a heat lamp, there is always the risk of a burn, blister or small scar.

Electro-acupuncture: Use of a small, battery-powered stimulator, attached to the end of the needles. A slight vibratory sensation may be felt with the use of this technique. Conditions may be exacerbated temporarily during the healing process.

Chinese Bleeding Therapy: A sterile lancet is rapidly inserted to discharge a few drops of blood. Bruising may occur that lasts a few days.

Chinese Herbal Medicine: All herbal prescriptions used at Pathways to Wellness are considered safe in the practice of Chinese Medicine. However, there is always the possibility that ingesting them will cause unforeseen allergic reactions. It is your responsibility to discuss any allergies you have (plant, animal, or environment) and all medications/supplements you are taking with your practitioner. (It is important that you alert your practitioner to any changes.)

Gwa Sha/Cupping: A Chinese massage technique that uses a gwa sha spoon or suction cup with ointment. It may leave redness, bruising, and/or tenderness on the skin for 1-7 days. It is important to stay warm and avoid a chill for 48 hours post treatment.

Shiatsu: Massage technique that uses pressure, tapping, and stretching of acupuncture channels and points. It is done fully clothed. The amount of pressure applied is under client's control. Please discuss any reactions such as dizziness or headache with therapist.

Heat Lamp: A heat lamp may be used to warm the area. Heat lamps are considered safe, but on occasion have caused burns.

Certain types of treatments are contraindicated during pregnancy. If I become pregnant or suspect I am pregnant, I will notify staff before treatment.

You may revoke consent verbally for any of these procedures at any time.

Name (Print) _____ Signature: _____ Date: _____