

Acupuncture NZ Informed Consent



Clinic Responsibilities

- My practitioner has made available an information sheet outlining the selection of therapies, and techniques available at this clinic.
- I have been directed to a copy of *Health and Disabilities Commission Consumer Rights* which is available in the waiting room.
- I have been informed that my practitioner is a member of Acupuncture NZ and I understand that I am able to lodge any complaint with this professional body regarding any instance of professional negligence, abuse or any other concerns I may have about the care I receive.
- Whilst my practitioner will work to determine the best strategies towards resolving my health condition, I understand it is my right to have every aspect explained, including the potential risks of treatment, and that I may refuse any procedure I am not comfortable with at any time.
- The practice of acupuncture, gua sha, cupping, moxa, and tuina are considered safe when performed by professional registered practitioners but there are risks which can occur including bruising, pain at puncture or cupping site, light headedness, or minor burns. All care will be taken by my practitioner to minimize these risks. Where there is a potential risk of a more serious nature this will be disclosed and discussed to ensure my rights are respected.
- It has been explained to me that touch/palpation is an integral part of acupuncture treatment. I understand that it may be necessary to remove some of my clothing to enable the treatment to proceed. The practitioner will cover any exposed part of my body with a towel or blanket and I am able to have an extra person in the room with me if my breasts or genitals need to be exposed in order to deliver the appropriate treatment.
- I consent to the collection and passing of information between my practitioner and other professionals who may be involved in my care. The information will be collected, held and protected in terms of the *Privacy Act 1993* and the *Health Information Privacy Code 1994*.

Patient Responsibilities

Due to the busy nature of this clinic it is necessary to set out clear patient responsibilities and guidelines regarding clinical appointments.

- For your safety (due to skin penetration) and comfort, please ensure you wear clean and loose-fitting clothing to your appointment. This allows easy access to the acupuncture points.
- It is important for you to be forthcoming regarding any health concerns/conditions, medications, or information which may be relevant in safe care practices. (including but not limited to heart disease, pace-maker, asthma, diabetes, HIV, hepatitis, anti-coagulant medications e.g. Warfarin)
- If you are unsure, please ask.
- Appointments are carefully scheduled so to ensure you receive the full benefit of your session, please attend the clinic on time.
- Should you need to cancel an appointment please give at least 24 hours' notice to make this space available for others.
- In the instance you are cancelling on the day of the appointment, a fee may be charged.
- In the instance of failing to arrive for an appointment without informing the clinic, the session will be charged for in full.
- A co-payment will be charged for all ACC appointments.
- It is expected patients will not attend the clinic under the influence of alcohol, marijuana, amphetamines, nor any other substance not actively prescribed by a medical practitioner.
- We encourage everyone to practice clear communication in the safe confidential environment we provide. We ask you to participate fully in your sessions by giving feedback to your practitioner regarding your experience and needs.

I have read both sections of this document and agree to the contract outlined.

(For clients under the age of 16 it is asked a Parent/Caregiver please complete the form)

I, _____ have read the provided information regarding rights and responsibilities and give consent for treatment under the conditions outlined in this document.

Signature _____

Date _____