

Susan Ko, L.Ac. & Sung Kim, L.Ac

Patient Informed Consent Agreement

I agree to receive acupuncture treatments and related therapies by Sung Kim, L.Ac. and Soochung (Susan) Ko, L.Ac. Treatment methods may include but are not limited to acupuncture, massage, cupping, herbal medicine, nutritional supplements, heat and moxibustion therapy, electro-stimulation, physiotherapy exercises, and lifestyle and nutrition counseling.

I have been informed that acupuncture is very safe but it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and in rare cases dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture. Infection is also a possible risk. However, I understand that Sung Kim, L.Ac. and Soochung (Susan) Ko, L.Ac. use only sterile single-use needles, and maintain a clean and safe environment. Tui-Na massage therapy is very safe but may lead to temporary muscle soreness, redness, or bruising. Burns and scarring are potential risks of heat or moxibustion therapy. Bruising is a common side effect of cupping.

The herbs and nutritional supplements used in Chinese Medicine are considered safe but may have potential side effects. I understand that some herbs may be toxic at large doses and that I follow the recommended dosage. Some herbs may be inappropriate to take during pregnancy. I will immediately notify Sung Kim, L.Ac. or Soochung (Susan) Ko, L.Ac. if I notice any side effects associated with the consumption of herbal medicine or nutritional supplements.

I do not expect Sung Kim, L.Ac. and Soochung (Susan) Ko, L.Ac. to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on them to exercise judgment during the course of treatment to make decisions that are in my best interest, based upon the facts then known.

I will notify Sung Kim, L.Ac. and Soochung (Susan) Ko, L.Ac. if I am or become pregnant.

I understand that the clinical and medical staff may review my files but all my records will be kept confidential and can only be released under my personal written consent or when required by law.

If I am unable to make a pre-scheduled appointment, I agree to cancel at least 24 hours in advance. I understand that failure to do so will result in my being charged the full amount of the treatment price. I also understand that if I am more than 15 minutes late to an appointment, the remainder of my time-slot may be given to another client.

By voluntarily signing below, I show that I have read (or have had read to me) and understood this consent to treatment. I understand that treatment shall be performed by employees of Susan Ko, L.Ac. & Sung Kim, L.Ac and not Keller Chiropractic. I have been told about the risks and benefits of acupuncture and related therapies and have had an opportunity to ask questions. This consent form shall cover the entire course of treatment for my present condition and for any future conditions for which I seek treatment.

Print Name of Patient (and Representative)

X _____
Patient Signature

Today's Date

Sung Kim, L.Ac. or Soochung Ko, L.Ac.
Print Name of Practitioner

X _____
Practitioner Signature