

Client Informed Consent to Treatment

Treatment Description

Auricular Acupuncture is performed by placing thin, sterilized needles onto the surface of the ear. The treatment takes 30-45 minutes. Auricular Acupuncture is usually done in a group setting. Treatments are provided by an Auricular Acupuncture Specialist (ADS) or a professional acupuncture practitioner or supervised trainee.

Possible Benefits of Treatment

The use of Auricular Acupuncture for detoxification, recovery support and relapse prevention has been shown to be helpful in relieving acute symptoms of withdrawal from a variety of substances. Individuals often feel immediate relief and a decrease in tension and anxiety. Further treatment may reduce such withdrawal symptoms as profuse sweating, headache, body ache, stomach pain, runny nose, drug dreams and cravings.

Voluntary

I hereby voluntarily consent to be treated with Auricular Acupuncture. I understand that I may be treated with acupuncture needles and/or with the application of acupressure to the skin.

I have not been guaranteed any specific outcomes concerning the uses and effects of Auricular Acupuncture. I understand that I am free to discontinue Auricular Acupuncture treatment at any time. I understand that Auricular Acupuncture is not a standalone cure for alcoholism, substance abuse, or chemical dependency;

Possible Side Effects/Healing Reactions

I understand that Auricular Acupuncture may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain and discomfort, and temporary aggravation of symptoms existing prior to treatment. Conventional medicine therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed health care practitioner.

Medical Referral

I understand that if there is a worsening of an ailment or condition, or if a new ailment or condition arises, I should consult a licensed physician. I also understand that if I am currently under a physician's care, I should continue as long as my physician and I deem it necessary. This program does not recommend altering medications or other therapies without first consulting my personal physician or health care provider.

Infectious Disease/Clean Needle Procedures

I understand that there are infectious diseases which have the potential to be carried through the air, through physical contact, and through body fluids. I understand that ADSes/acupuncture practitioners follow universally prescribed precautions to guard against the spread of infection.

In the case of blood-borne infections, such as hepatitis or HIV, I understand that the Auricular Acupuncture providers of this program follow strict precautions and use only sterilized, prepackaged, disposable needles. The acupuncture needles that are used for this treatment are single-use and applied according to nationally-based professional standards.

Client Name

Client Signature

Date

Witness Name (printed)

Witness Signature

Date