

Informed Consent and Other Policies

Consent:

- I hereby request and consent to the performance of Acupuncture and Electro Acupuncture procedures within the scope of the practice of Acupuncture on either myself or my dependents (that I am legally responsible for) by Ondria Holub, LAc of Balance Point Acupuncture, LLC. Ondria Holub, LAc has been trained in and complies with strict standards set by the National Commission for the Certification and Oriental Medicine for clean needle technique. Ondria Holub, LAc only uses disposable needles and disposes of them in accordance with hazardous materials laws and guidelines.
- I hereby request and consent to other medical modalities such as Oriental herbal medicine, Zen Shiatsu massage, cupping, moxa therapy, TDP lamp, Gua Sha, Reiki, nutritional counseling and other non needling techniques that may be used during my treatment with Ondria Holub, LAc and will only be provided by trained professionals and when appropriate by licensed individuals.
- Chinese herbal medicine and other supplements may be suggested as part of your treatment plan. If you have been prescribed a Chinese herbal formula you must provide an updated list of any medications (OTC or prescribed) to ensure the best efficacy and safety. If you have any poor reaction to a Chinese herbal formula such as, but not limited to, diarrhea, nausea, tingling in the roof of the mouth or numbness of the tongue stop the formula immediately and call Ondria Holub, LAc.
- I have been informed and understand that Acupuncture is a safe and effective method of treatment, but it can cause local bruising, numbness or tingling near the needling site, dizziness and fainting. A rare, but possible risk of Acupuncture, is a pneumothorax. Ondria Holub, LAc is a Licensed Acupuncturist who follows all safety protocols when performing Acupuncture to minimize and reduce this risk. While infection is another possible risk, Ondria Holub, LAc only uses sterile disposable needles and maintains a clean and safe environment where only trained and licensed Acupuncturists provide Acupuncture services. Cupping will cause local non painful bruising, which is normal and typical for this treatment method. A rare, but potential risk of cupping can include small blisters and burns. I understand that if Moxibustion is recommended for treatment, that while rare, burns and scars are a potential risk of this treatment.
- If I am pregnant, could be pregnant or trying to get pregnant some herbal formulas and Acupuncture points may be inappropriate for pregnancy and I will notify my practitioner immediately if I am or hope to become pregnant to avoid the rare, but possible risk of spontaneous miscarriage.
- If a Chinese herbal formula is prescribed to me, I agree to follow instructions as they have been given and will notify my practitioner of any other medications that I am currently taking or of any new medications prescribed to avoid any conflict between herbal formula and OTC or prescribed medications. Possible side effects of taking herbs are nausea, gas, stomach ache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. If I experience any of these symptoms I agree to stop taking the herbs and notify my practitioner within 24 hours.
- I do not expect the clinical staff to be able to anticipate and explain all the possible risks and complications of treatment, and I wish to rely on the clinical staff to exercise judgment during the course of treatment which the clinical staff thinks at the time, based upon the facts then known is in my best interest. I understand that results are not guaranteed.
- I understand the clinical and administrative staff may review my patient records and lab reports, but all my records will be kept confidential and will not be released without my written consent.
- By voluntarily signing this document, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.
- I understand the general intent and benefits of acupuncture treatments and the procedure has been explained to me. I understand acupuncture therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Care Physician for any condition I may have. I am aware that the acupuncturist does not diagnose illness or disease, and does not prescribe medications. The Acupuncturist is not a Primary Care Physician in the State of Oregon.
- I have informed the Acupuncturist of all my known physical conditions, medical conditions and medications, and will keep the Acupuncturist updated of any changes. I understand that there shall be no liability on the Acupuncturist's part due to my forgetting to relay any pertinent information. If I experience any pain or discomfort during the session, I will immediately communicate this to the Acupuncturist.

Fees/Financial Responsibility:

- Your signature on this document acknowledges your responsibility for all charges made to your account. The fees per session for clients without Acupuncture Insurance coverage and pay at time of service are:
 - New Patient Evaluation and treatment (90-120minutes): \$112.50
 - Follow-up visits (60 minutes): \$85
 - Cupping – Gua Sha – Tuina/Manual therapy: \$30 per 1/2 hour
- Payment options are cash, check or credit card.

Insurance Billing:

- Ondria Holub, LAc is a contracted provider with some insurance companies. Ondria Holub, LAc will bill your insurance for you if your insurance plan covers Acupuncture services and you have benefits available. If I am a contracted provider, then I agree to accept the contracted rate from your insurance plan. If I am not a contracted provider, then the patient is responsible for any remaining balance between billed services and payment from insurance company.
- Many insurers require a deductible, co-pay or coinsurance to be paid by the patient. Reimbursement rates vary by carrier. I can perform an insurance check on your behalf to give you this information, but is not a guarantee of coverage. Many plans have session limits or yearly maximum benefits. Co-pay is due at the time of service. Coinsurance and deductibles will be billed to you by Ondria Holub, LAc.
- I hereby give authorization to Ondria Holub, LAc to provide medical services to me as deemed appropriate today and for any future visits and also to bill and collect from my insurance company.
- I understand that health and accident insurance policies are an arrangement between an insurance carrier and myself. I understand that the Acupuncturist's office will prepare any necessary reports and forms to make the collections from the insurance company as a service to me.
- If I am requesting services that may not be covered by Medicare, Medicaid or my insurance company, I will personally be responsible for paying for those services.
- I also understand that if I exhaust my benefits, suspend or terminate my insurance, any fees for professional services rendered to patient will be immediately due and payable.
- I will promptly pay any balance unpaid by insurance after I have been billed.
- Returned checks have a \$25.00 fee. If your account becomes delinquent, your signature on this consent allows for the release of your name, address and amount due (including service charge) to a collection agency or District Court for collection purposes.

General Information:

- During the process of becoming well there might be significant changes in your body's function, known as "Healing Reactions". This may include a temporary worsening of previous or existing conditions or new symptoms. Typically this occurs within 24 hours of a treatment and then the symptoms improve. If this is not the case, please let the office know by calling 541-754-2225, go to an urgency care clinic or call 911 if indicated.
- Drinking caffeine shortly before a treatment will lessen the relaxation and might contribute to a stronger sensation during the needling process.
- Please arrive having eaten at least a small meal or snack within 2 hours of treatment.

Cancellation:

- 24-Hour Notice is required for the cancellation of a scheduled appointment. Failure to give 24-Hour notice or not coming to a scheduled appointment may result in being billed \$25 for the session. In the case of an accident, weather-related causes, if the appointment can be rescheduled within the week, or the appointment can be filled, the \$25 may be waived at the discretion of the Acupuncturist. Insurance companies can NOT be billed for missed appointments.
- In the instances of repeated non-compliance with scheduled visits, we reserve the right to discontinue care.

Services rendered by Ondria Holub, LAc will be delivered in a professional manner consistent with accepted ethical standards. Please note that it is impossible to guarantee any specific results regarding your therapeutic goals. However, together we will work to achieve the best possible results for you.

Release of Information:

In order to provide the best care possible, we may need to discuss your case with other health care professionals and facilities. If such an exchange of medical information is needed, Ondria Holub, LAc will discuss this with you and obtain written consent from you before releasing any patient data.

My signature acknowledges that I have read, received a copy (if requested), understand and agree to the terms stated above.

Client name, printed: _____ Signature: _____ Date: _____

Acupuncturist's Signature: _____ Date: _____

Licensed Acupuncturist: Ondria Holub, LAc