

## Initial Visit and Treatment Consent Forms

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First, Middle \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F \_\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_

Marital Status      Single              Married              Widowed

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell      Home

Email Address \_\_\_\_\_

You will receive an email reminder for scheduled appointments. Please do not list your email if you do not want us to contact you by email.

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Your primary care physician \_\_\_\_\_

Primary care clinic or facility name \_\_\_\_\_

Have you ever been treated with acupuncture before today? Yes              No

How did you hear about Spokane Acupuncture, LLC?

\_\_\_\_\_

Spokane Acupuncture, LLC  
Dr. Brett C. Running, DAOM, EAMP  
1301 N Pines Rd, Suite 203, Spokane Valley, WA 99206  
(509) 242-1723

**Notification of Privacy Practices**

If you receive services from us, state and federal law (**HIPAA**), protects your health information. In addition, **HIPAA requires that we provide you this Notice of Privacy Rights**. We maintain records of your name, address, telephone number, billing and payment information, diagnosis, treatment, and other information supplied to us by you or others in connection with your healthcare, insurance or payment for goods and services.

You have the right to: Request restrictions on certain uses and disclosures, receive communications of protected health information by alternative means or at alternative locations, inspect, copy and amend your protected health information held by us if you believe it is inaccurate or incomplete, receive an accounting of certain disclosures of your protected health information, and receive a paper copy of this notice even if you have received it electronically.

We only use or disclose your health information as state and federal laws require or permit. In some cases, the law requires that you authorize the disclosure. In other cases, the law allows or requires us to disclose your health information without your authorization.

**Use and Disclosure Not Requiring Your Authorization**

**Treatment:** We will use your health care information to treat you. For example, we will use your information to help us diagnose and design a course of treatment for you. Your treatment may include services within the Eastern Asian Medicine Practitioner's scope of practice. We may also, for the purpose of treatment, disclose your protected health information to another health care provider when needed by the provider to render treatment to you.

**Payment:** We may use and disclose your health information for our payment and collection activities, such as sending claims to insurance companies.

**Healthcare Operations:** We may use and disclose your health information to manage our program operations, such as reviewing the quality of services you receive.

**Business Associates:** We may disclose your health information to organizations that help us with our work, such as the billing service we use to process insurance claims. We have a written agreement that requires these organizations to use your health information for only the reasons necessary to do the work, and protect it from other uses or disclosures, just like we do.

**To Contact You:** We may use the information in your health records to contact you if we have information about treatment or other health-related benefits and services that may be of interest to you.

**Other Permitted Uses and Disclosures**

HIPAA specifically permits us to use or disclose your health information for other purposes without your consent or authorization. In our experience such disclosures are rare, and the limited information we maintain is generally not applicable. However, when authorized by law, and to the extent we may have the information, HIPAA permits us to disclose it to: Comply with the requirements of federal, state, or local laws, court orders or other lawful process and for administrative or court proceedings. Report to a public health authority for the purpose of preventing or controlling disease, injury, or disability. Report to the FDA for the quality, safety or effectiveness of FDA-regulated products or activities. Notify a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition. Report abuse, neglect or domestic violence to a government authority. Provide necessary information to a health oversight agency for activities such as audits, investigations, inspections, licensure of the healthcare system, government benefit programs and regulated entities. A law enforcement official for specified law enforcement purposes. Coroners or medical examiners for identification or determining cause of death. Funeral directors to carry out their duties with respect to the decedent. Organ procurement organizations for facilitating donation and transplantation. Researchers conducting studies approved by an Institutional Review Board. Prevent or lessen a serious and imminent threat to the health of safety of a person or the public. Authorized federal officials for specialized government functions such as military and veterans activities; national security and intelligence activities; protective services for the president; medical suitability determinations; correctional institutions; government entities providing public benefits and. Comply with workers' compensation laws

**Uses and Disclosures with Your Authorization**

Other uses and disclosures of your personal information require your written authorization. You may revoke your authorization at any time by doing so in writing.

**Additional Protections for Certain Information**

Confidential HIV related Information for which additional protections are provided by state law. Alcohol or Substance Abuse

Treatment Information for which additional protections are provided by state law. Mental health treatment information for which additional protections are provided by state law.

**I have read, understand, and have received a copy of the above information.**

**Patient Initials**\_\_\_\_\_

**State of Washington administrative code 246-803-300 requires that you are provided the following notification of qualifications and scope of practice.**

East Asian Medicine means a health care service using East Asian Medicine diagnosis and treatment to promote health and treat organic or functional disorders. East Asian Medicine providers are not considered primary care providers in the state of Washington.

Dr. Brett C. Running, DAOM, EAMP, has the following education and licensure qualifications:

Undergraduate Education - North Dakota State University, Fargo, ND, 1989 – 1993; Pre-Professional Minnesota State University, Moorhead, MN, 1993; Pre-Chiropractic

Graduate Education - Oregon College of Oriental Medicine, Portland, OR, 2006 – 2009; Master of Acupuncture and Oriental Medicine (MAcOM degree)

Clinical Internship - Oregon College of Oriental Medicine Acupuncture and Herbal Clinic, Portland, OR, 2008 – 2009; Clinical Intern

Post Graduate Education - Oregon College of Oriental Medicine, Portland, OR, 2009 – 2011; Doctor of Acupuncture and Oriental Medicine (DAOM degree)

Clinical Residency - Oregon College of Oriental Medicine Acupuncture and Herbal Clinic, Portland, OR, 2009 – 2011; Doctoral Residency

Board Certification - Diplomate of Oriental Medicine, National Certification Commission for Acupuncture and Oriental Medicine, 2009 to the current date. (Dipl.O.M. board certification in acupuncture and herbal medicine)

Licensure - Washington State Department of Health, License AC60179457, 2010 to the current date.  
State of Oregon Medical Board, License AC150373, 2009 to 2012.

The East Asian Medicine Practitioner (EAMP) scope of practice set forth by the state of Washington: Acupuncture (including the use of acupuncture needles, lancets, electrical, mechanical, or magnetic devices to directly or indirectly stimulate acupuncture points and meridians), sono-puncture, laser-puncture, moxibustion, acu-pressure, cupping, dermal friction technique, infra-red therapy, point injection therapy, dietary advice and health education based on East Asian medical theory (including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements), superficial heat and cold therapies, breathing, relaxation, and East Asian exercise techniques, Qigong, East Asian massage and Tuina (Tuina is characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation). Side effects may include, but are not limited to pain following treatment, minor bruising, infection, needle sickness (fainting), and broken needle.

**If you have a severe bleeding disorder or a pacemaker, you are required to make that information known to your practitioner prior to any treatment.**

**I have received and understand the above information.**

**Patient Initials**\_\_\_\_\_

### **Informed Consent Form**

This is a medical consent form. Signing the form indicates that you have read and understand what it says. If you have any questions, please ask your practitioner for clarification prior to signing this form. The methods of treatment used in this practice may include, but are not limited to:

**Acupuncture** treatment involves insertion of disposable, sterile, single-use acupuncture needles into various areas of the body. **Electro-acupuncture** treatment is the same as acupuncture, with the addition of stimulation of the acupuncture needle by a mild electric current set to a specific frequency range.

**Acupuncture point injection** treatment is the same as acupuncture, with the addition of prescription injectable products added to the acupuncture location. Some examples of injectable products include: Vitamins, homeopathic, and other nutritional substances. **Laser-acupuncture** uses a low power laser-diode to stimulate acupuncture locations. **Moxibustion** is the application of heat to the acupuncture needle or above the skin in a treatment area. **Cupping therapy** involves the use special cups which create a weak vacuum (reduced air pressure) around acupuncture points or on muscular areas. **Herbal** medicine is a system within East Asian Medicine designed to maintain and restore health through the use of organic and mineral substances via internal and/or external use. **Tuina, Sotai and Shiatsu** are forms of East Asian body-work combining various acupressure, stretching, and massage techniques.

**Potential Risks or Side Effects:** Sometimes acupuncture, electro-acupuncture, and laser-acupuncture can cause pain, redness, minor bruising, and/or bleeding, dizziness or feeling faint. In rare cases, infection, lung puncture (pneumothorax), nerve damage, miscarriage, or a broken needle may result. Acupuncture point injection may cause mild diarrhea, swelling, upset stomach, nausea, pain, headache, rapid heartbeat, chest pain or tension, confusion, allergic reaction (hives, rashes, shortness of breath, difficulty breathing or swallowing), drug interaction, herb interaction, tissue damage at the injection site, or any of the other risks associated with acupuncture. Moxibustion may sometimes cause pain, burns or scarring. Cupping, acupressure, or body-work may sometimes cause pain, bruising or temporary redness. Chinese herbs (from plant, animal and mineral sources), vitamins, minerals, homeopathic medicines, nutritional products, and/or any injectable product may sometimes cause stomach pain, digestive upset, changes in bowel movements, headache, vomiting, allergic reaction, rashes, hives, tingling, side effects and/or interactions with other drugs or substances. Some herbs may be toxic in large doses, or irritate the skin if applied externally. I understand that I should stop taking any prescribed substance or nutritional product immediately if they cause any adverse reaction or side effect, and contact my practitioner. I understand that all treatments I receive may have risks or side effects, and it is not possible to anticipate, predict or explain all possible risks, complications or results of treatment.

**Pregnancy:** I will make it known prior to receiving or continuing any treatment if I am pregnant, or am attempting to become pregnant.

**Office Policies:** I understand that payment is required at the time of service unless other arrangements are made prior to receiving services. I understand that I am solely responsible for payment regardless of lack of coverage or refusal of coverage by any insurance company. Returned checks are handled in accordance with Washington RCW 62A.3-520. Accounts not paid within 30 days of attempted billing are considered overdue, and will be turned over to an account collection service. Missed appointment (no-show) with no notice of cancellation fee is \$60.00. Short-notice (less than 24 hours) appointment cancellation fee is \$40.00.

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**Medical Records Policy:** All medical records are kept confidential as detailed in the **notification of privacy practices** section. I understand that my medical records and lab reports may be reviewed if necessary to assist in diagnosis, prognosis, treatment, or treatment planning. I understand that my written consent is required in most cases to allow other people to request my medical records, appointment information, or billing information. I would like to provide access to the person(s) or entity(s) I have listed below to request medical, appointment, and billing information on my behalf, or modify appointment information on my behalf. It may be useful to list a spouse, family member, or assisted living facility if you would like to grant them access to make or modify appointments, etc.

Name or Entity, and their telephone number: \_\_\_\_\_

**Primary Care Provider:** I understand that an EAMP (East Asian Medicine Practitioner) or LAc (Licensed Acupuncturist) is not a primary care provider in the state of Washington. I understand that I should have my own primary care provider (ND, DO, MD, PA, ARNP, etc.). I understand it is my responsibility to advise my primary care provider of any East Asian Medical Treatment or herbal medicine I receive while in their care. If I do not have a primary care provider, I will make this fact known prior to receiving treatment.

**Acknowledgment:** I have received the notification of privacy practices and notification of qualifications and scope of practice information, and I give my consent to receive treatment and accept any associated risks, as well as the policies listed above. I understand there is no guarantee of treatment outcome, and that I may discontinue treatment at any time.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name