Acupuncture of Morris County 200 East Main Street, Suite D Rockaway Borough, NJ 07866

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Informed Consent for Acupuncture Therapy

I, the undersigned, request and give my consent to the administration of acupuncture and related therapies as required by Section 45:20-5(2) of the Professions and Occupations Code of the State of New Jersey.

Acupuncture has been explained to mean the stimulation of certain points on or near the body surface by the insertion of acupuncture needles for the treatment of pain and other physiological disorders. Related therapies include the use of electro-acupuncture. I understand that there are other forms of medical treatment and that I am, at this time, choosing acupuncture.

I have been made aware of certain side effects that may result. These could include, but are not limited to, some local bruising, bleeding, fainting, temporary pain or discomfort and possible temporary aggravation of pre-existing symptoms.

I have been made aware that various massage techniques, such as acupressure, may cause discomfort or bruising. A technique called "gwa sha" which involves friction over areas of muscular pain and stiffness will cause temporary discoloration of the skin. In addition, my practitioner may make certain recommendations to include dietary advice, qi gong (health exercises), breathing, meditation or stress reduction techniques as a part of complementary and holistic care. They are not considered as prescriptions by a licensed physician and are not intended to treat specific diseases or medical conditions.

I understand that acupuncture treatment is NOT a substitute for primary medical care by a licensed physician. A licensed acupuncturist cannot practice allopathic medicine and can neither diagnose nor treat specific illness medically nor can he/she prescribe or adjust prescription medication.

I acknowledge that I have had an opportunity to ask questions, and I require no additional information. I also understand that I may change my mind and withdraw this consent at any time prior to its implementation. Otherwise, this consent shall remain in force for the duration of my treatment.

I hereby release any practitioners who participate in my care and **Acupuncture of Morris County** from any and all liability related to my decision to undergo acupuncture treatment. I understand further that this release shall be binding upon my heirs, executors, administrators and assigns.

Signed this	day of	, 20	
Dation the Drinks of Man			
Patient's Printed Nan	ne		
Signature of Patient (or Legal Guardian)	Relationship (if not Patient)	
Witness to Signature		Printed Name	