

Common Source Acupuncture Patient Responsibilities

At Common Source Acupuncture, our goal is to make acupuncture available to people who can benefit from it, even if they don't have a lot of money. That's why we charge as little as we possibly can, and we keep our business running because we treat a lot of patients. Community acupuncture only works because our patients treat the clinic like a shared resource that they really care about. You're not a customer here. You're a participant. When you get acupuncture here, you are helping other people get acupuncture. Your presence in the treatment room supports other people's healing.

Our sliding scale means that our operating margins are razor-thin. We're not complaining, because we've got the best jobs in the world—also, the best patients. We know that things come up, but with how little we charge, we need you to be responsible for keeping your appointments. If you don't show up or if you cancel on short notice, it impacts our operations and may prevent other patients from getting the acupuncture they need.

Common Source Acupuncture runs on co-operation. As a Common Source Acupuncture patient, your responsibility is to give at least 24 hours' notice to cancel an appointment. You must also give the 24 hours' notice to change it to another day. If you don't show up to your appointment or if you cancel with less than 24 hours' notice, you will need to pay a fee of \$20. The last thing we want is for you to pay \$20 to not get acupuncture. We do this whole thing because we want you to get acupuncture! So please come in for your appointments and give appropriate notice when you need to cancel.

By signing this form I understand I am a cooperative participant in my treatment at Common Source Acupuncture. This means giving 24 hours' notice if I can't attend an appointment I've made, paying the fee if I don't give enough notice, and understanding that Common Source Acupuncture is not a conventional business but rather a cooperative endeavor.

Privacy Policy

In accordance with HIPAA (Health Insurance Portability and Accountability Act) regulation and Michigan Law, Common Source Acupuncture takes the right to your privacy seriously. Therefore, we do not disclose any personal, health, financial, or any other information about you, or the services we provide to you to any third parties without your request or permission. This also includes online services we provide, including access to your appointment information, user-ID, or password.

As healthcare practitioners and administrators, we are also responsible for staying up-to-date with HIPAA regulations and for properly training all staff members and new employees to ensure that your personal health information is not compromised. If at any time you have a question, concern, or complaint about your privacy, please inform us.

I understand that my records will be kept confidential and will not be released without my written consent. Clinical and administrative staff may review my records as needed.

Signature of Patient or Authorized Representative

Date

Common Source Acupuncture Informed Consent to Treatment

I consent to acupuncture treatments and other procedures associated with Traditional Chinese Medicine by Common Source Acupuncture. I understand that methods of treatment may include, but are not limited to: acupuncture, cupping, gua sha, tui na, and Chinese and Western herbal remedies and dietary advice. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects including bruising, dizziness or fainting, and numbness or tingling near the needling sites that may last a few days. This clinic uses sterile, disposable, single-use needles, maintains a clean and safe environment, and adheres to the guidelines of Clean Needle Technique as required by Michigan law.

The herbs that may be recommended are traditionally considered safe in the practice of Western Herbalism and Chinese Medicine. I understand that the herbs need to be prepared and consumed according to the instructions provided orally and in writing. Should I experience any unanticipated effect I will immediately notify the clinic practitioners.

I will keep the clinic practitioners informed of my current medications and understand that I am responsible for obtaining appropriate primary medical care, which is not provided by this clinic.

I understand that some herbs and acupuncture treatments are contraindicated during pregnancy. I will notify the clinic practitioners if I am or intend to become pregnant.

I understand that Common Source Acupuncture provides acupuncture in a community setting. The purpose of this setting is to allow as many people as possible to access treatment and to decide for themselves how they wish to use acupuncture to manage their health. Common side effects of acupuncture treatment in a community room include deep relaxation, falling asleep, and snoring. I understand that if I need to be woken up at a certain time, I will let the acupuncturist know. I understand that I might be too relaxed to drive immediately after treatment. If other people's snoring bothers me, I understand that I need to bring earplugs or headphones. I understand that at times, someone else might be sitting in my favorite chair. I understand that community acupuncture involves actual community with a wide variety of people, and may at times require some flexibility, patience, or understanding from me. I understand that Common Source Acupuncture needs to treat a high volume of patients in order to keep its prices as low as they are, and I am willing to participate in my own treatment process.

I understand that while this document describes the major risks of treatment, other side effects and risks may occur. I also understand that results are not guaranteed. I do not expect Common Source Acupuncture to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the above named clinic to exercise judgment during the course of treatment which they think at the time, based upon facts then known, is in my best interests. I understand that I may refuse or stop any treatment.

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.

Signature of Patient or Authorized Representative

Date

Signature of Acupuncturist

Date