

Acknowledgement of Informed Consent and Authorization

I acknowledge that I, the undersigned, voluntarily participate in the treatment of acupuncture at the Center for Complementary Medicine Inc. I am aware that there are other centers and private practices that offer acupuncture treatment that may enhance my overall health as it pertains to reproduction. I have freely chosen to receive treatment from the Center for Complementary Medicine Inc. with full knowledge of the risks and benefits associated with the treatment of acupuncture. By participating in the acupuncture treatment I accept the responsibilities, conditions and risks involved that are set out in the medical history form and as explained by the staff and associates of the Center for Complementary Medicine Inc. _____.

initials

I acknowledge that no statistics and success rates have been discussed or guaranteed in reference to the treatment of fertility via acupuncture. I further acknowledge that acupuncture is but one modality in the treatment of infertility, that the process can be very stressful, anxiety and disappointment may occur, that a significant commitment of time and finances are required and in the event that the treatment does not result in a successful and viable pregnancy I indemnify and hold harmless Lyn Swirda/Center for Complementary Medicine Inc, and all associates from and against any all claims, damages, suits and judgments, losses or costs relating to services rendered at the Center for Complementary Medicine Inc, located at 1408 Beacon Street Brookline, Ma 02246. _____.

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By signing this document, I have acknowledged I have had a thorough discussion with my acupuncturist. This discussion included information on the risks, benefits and the scope of acupuncture practice. Furthermore, I acknowledge that the discussion with my acupuncturist provided sufficient information to allow me to make an informed decision whether or not to proceed with treatment. The discussion included other alternative options as well as the option of not having treatment. I have read this document, understand the purpose, risks and benefits of acupuncture treatment, and have been given the opportunity to ask questions, which have been answered to my satisfaction. _____.

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I acknowledge that I have read or have had read to me the consent form and paying special attention to all items in bold typeface agree to the above. _____.

initials

Signature of Patient

Date

Printed name

Date of Birth