

## Consent for Treatment

This disclosure is to advise you of the credentials of the practitioner, the scope of practice for Naturopathic Medicine and Acupuncture in the State of Washington, and to document your consent for services (WAC 246-802-120).

**Credentials:** Dr. Carter received a Doctorate in Naturopathic Medicine and a Master's Degree in Acupuncture from Bastyr University in Kenmore Washington in 2011. She passed the National Board Examination by the National Certification Commission for Acupuncturist and Oriental Medicine (NCCAOM) and is designated a Diplomat of Acupuncture in Washington. She passed the National Board Examination by the North America Board of Naturopathic Examiners (NABNE) and is designated a Naturopathic Physician in Washington and has been licensed by the state. She is currently an East Asian Medical Practitioner (EAMP) in the State of Washington, holding license number AC60231730 since July 13th, 2011.

**Scope of Practice:** I hereby authorize Dr. Elizabeth Carter, ND, LAc, to perform the following procedures as necessary to facilitate my diagnosis and treatment, which include, but are not limited to:

**General Diagnostic Procedures** (including but not limited to venipuncture, pap smears, radiography, and blood and urine labwork, general physical exams, neurological and musculoskeletal assessments)

**Psychological Counseling; Lifestyle Counseling; Exercise Prescriptions**

**Herbs/Natural Medicines** (prescribing of various therapeutic substance including plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures—may contain alcohol; topical cremes, pastes, plasters washes; suppositories or other forms. Homeopathic remedies, often highly dilute quantities of naturally occurring substance, may also be used.)

**Dietary Advice and Therapeutic Nutrition** (use of foods, diet plans or nutritional supplements for treatment—may include intramuscular vitamin injections.)

**Soft Tissue and Osseous Manipulation** (use of massage, neuro-muscular techniques, muscle energy stretching or visceral manipulation, as well as manipulations of the extremities and spine including traction and craniosacral therapy)

**Electromagnetic and Thermal Therapies** (includes the use of ultrasound, low and high volt electrical muscle stimulation, transcutaneous electrical stimulation, microcurrent stimulation, diathermy, and infrared and ultraviolet therapies or moxa—warming or indirect burning of an acupuncture point and hydrotherapies.)

**Acupuncture:** The use of pre-sterilized, disposable acupuncture needles or lancets to directly or indirectly stimulate acupuncture points and meridians.

**Electrical, Mechanical or Magnetic Stimulation of Acupuncture Points:** Using very small amounts of electricity to stimulate acupuncture points and meridians or using mechanical or magnetic devices to stimulate acupuncture points or meridians.

**Moxibustion:** A soft woolly mass prepared from ground young leaves, typically in the form of sticks or cones, which are ignited and placed on or close to the skin or used to heat acupuncture needles.

**Acupressure:** Traditional Chinese medical massage and manual therapy.

**Cupping:** Glass cups are placed on the skin with a vacuum created by heat or suction device.

**Dermal-friction Technique (Gwa-hsa):** Friction is applied topically to the skin using a smooth object to relieve symptoms.

**Infrared Heat:** Applying heat generated by an infrared lamp over a specific area of the body.

**Sonopuncture:** The use of sound to stimulate acupuncture points or meridians.

**Laserpuncture:** Laser light beams are applied to the acupuncture points to help stimulate the flow of chi and promote healing.

**Dietary Advice and Health Education Based on East Asian Medical Theory:** Suggestions for nutrition and herbal food products including herbs, vitamins, minerals, and dietary and nutritional supplements.

#### **Breathing, Relaxation, and East Asian Exercise Techniques**

**Qi Gong:** an internal Chinese meditative practice that often uses slow graceful movements and controlled breathing techniques to promote the circulation of qi within the human body, and enhance a practitioner's overall health.

**East Asian Massage and Tui Na:** Bodywork characterized by kneading, pressing, rolling, shaking, and stretching of the body. This does not include spinal manipulation.

#### **Superficial Heat and Cold Therapy**

**Biopuncture/trigger point injections:** Point injection therapy.

**Liniments, Oils, and Plasters:** herbal formulas applied topically to the skin.

#### **I recognize the potential benefits and risks of these procedures, which include but are not limited to:**

**Potential Risks:** Pain, discomfort, blistering, discolorations, infection, burns, loss of consciousness or deep tissue injury from hollow needle insertions, topical procedures, heat or frictional therapies, electromagnetic- and hydrotherapies; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical manipulations; and aggravation of pre-existing symptoms. Potential acupuncture risks include: some pain following treatment in insertion area, minor bruising, a burn, blistering, bleeding, infection, numbness or tingling at or near the site of the procedure, temporary discoloration of the skin, broken needle, needle sickness, possible aggravation of symptoms existing prior to the acupuncture treatment, and dizziness or fainting. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage, and organ puncture, including lung puncture (pneumothorax).

**Potential benefits:** Restoration of health and the body's maximal functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease or its progression. Drugless relief of presenting symptoms and improved balance of body energies that may lead to the prevention, improvement or elimination of the presenting problem.

**Notice to Pregnant Women:** All female patients must alert the doctor if they know or suspect that they are pregnant, since some of the therapies used could present a risk to the pregnancy. Labor-stimulating techniques or any labor-inducing substances will not be used unless the treatment is specifically for the induction of labor. A treatment intended to induce labor requires a letter from a primary care provider authorizing or recommending such a treatment.

#### **Patients with bleeding disorders or pacemakers should inform the practitioner prior to receiving treatment**

**Consent for Correspondence:** I give my permission to Dr. Carter to consult with my other health care providers regarding my health and treatment. Those health care providers I have authorized are listed below: \_\_\_\_\_(initial for consent)

*Names of Physician/practitioner*

*Location*

*Phone Number*

---



---



---



---

**Consent for Records Release:** I understand that my practitioner will abide by the Notice of Privacy Practices in accordance with the Health Information Privacy Act, a copy of which I have been given or declined. I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself, or my representative, or unless it is required by law and for insurance claim processing reasons. I understand that I may look at my medical record at any time and can request a copy of it, though a copy may require payment of a fee. I understand that my medical record will be kept for a minimum of three, but no more than ten years after the date of my last visit. I understand that any questions I have will be answered by my practitioner to the best of his/her ability. \_\_\_\_\_ **(initial)**

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Dr. Carter regarding cure or improvement of my condition. I hereby release Dr. Carter from any and all liability, which may occur in connection with the above-mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

\_\_\_\_\_  
Guardian/Personal Representative's Name (PRINT)

\_\_\_\_\_  
Patient's Name (PRINT)

\_\_\_\_\_  
Guardian/Personal Representative's Signature

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Relationship/Representative's Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date