



# Lynn Maloney

ACUPUNCTURE

*Using your body's intelligence to heal.*

## ACUPUNCTURE CONSENT FORM

**Acupuncture is the insertion of a thin needle into the surface of the body. A patient may feel a slight pricking sensation and/or electrical impulse near the needle. Patients usually report little or no pain during an acupuncture treatment. On occasion, there may be slight bruising where a needle was inserted. The duration of a treatment is usually 30 minutes to one hour. Although no outcome of treatment can be guaranteed, it is understood that every patient is unique and that each treatment is designed specifically for the conditions of the patient.**

**I UNDERSTAND THAT I HAVE THE RIGHT TO CONSENT TO, OR REFUSE, TREATMENT.**

**Patient Consent:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parent or Gaurdian Consent:**

I, \_\_\_\_\_, as a parent or guardian of  
\_\_\_\_\_, authorize treatment of this  
minor by Lynn Maloney Acupuncture.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Payment Policy:**

**I understand that regardless of my insurance status, I am ultimately responsible for any charges for profesional services rendered by Lynn Maloney Acupuncture. I understand that Lynn Maloney Acupuncture does not submit insurance claims, however, the staff of the clinic can assist me in my submission claims.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Cancellation Policy:**

**I understand that Lynn Maloney Acupuncture reserves the right to charge for appointments canceled or missed without *24 hours advance notice.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date