

Halo Salt Spa

Consent to Acupuncture Treatment

I, _____, do hereby voluntarily consent to be treated with acupuncture administered by Licensed Acupuncturists (L.Acs) at Halo Salt Spa.

I understand that acupuncture is performed by the insertion of thin sterilized needles through the skin in an attempt to treat bodily dysfunctions or diseases, to modify or prevent the perception of pain, and to normalize the body's physiological functions. The needles may be stimulated manually or by a machine after insertion.

The "scope of practice" for an acupuncturist in the state of Virginia includes but is not limited to the following list of techniques:

- Use of acupuncture needles to stimulate acupuncture points and meridians
- Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians
- Moxibustion
- Acupressure
- Cupping
- Dietary advice based on traditional Chinese medical theory

I am aware that certain adverse side effects, while infrequent, may result. These could include, but are not limited to, local bruising, minor bleeding, fainting, temporary pain or discomfort, infection or blistering at the site of procedure, and the possible temporary aggravation of symptoms existing prior to acupuncture treatment.

Acupuncture is licensed in Virginia and has been safely practiced for centuries. I have been given no guarantees concerning its use and effects and know that I am free to stop acupuncture treatment at any time.

I understand that if I receive direct moxibustion as part of therapy, there is a risk of burning or scarring from its use. I understand that I may refuse this therapy.

I have carefully read and understand all of the foregoing and am fully aware of what I am signing. I hereby release Halo Salt Spa and its practitioners from any and all liability which may occur in connection with the above-mentioned procedures. I understand I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient, Parent or Guardian Date

Date

Email: _____, Phone# _____, D.O.B. _____

Address: _____