

## CONSENT FOR TREATMENT

**General Information:** The Practitioner Care Department at Bastyr Center for Natural Health is an area within the Bastyr Team Care Teaching Clinic where independent providers rent space from Bastyr to see patients in their private practice. Bastyr provides support services for these providers including but not limited to medical records management and billing. Providers contract individually with Bastyr for the use of space and services. Providers within the Practitioner Care Department may or may not be otherwise employed by Bastyr University. All of our East Asian medical practitioners are licensed in the State of Washington having completed graduate level training and national board certification. Please visit [www.bastyrcenter.org](http://www.bastyrcenter.org) for individual faculty biographies.

**Methods, Procedures and Therapeutic Approaches:** Clinicians may perform any of the following procedures as necessary to give proper assessments, determine treatment approaches, treat or otherwise address your health concerns.

**General Diagnostic Procedures:** including but not limited to venipuncture, pap smears, radiography, and blood and urine lab work, general physical exams, neurological and musculoskeletal assessments.

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

**Acupuncture:** insertion of special sterilized needles or lancets at specific points on the body.

**Topical Treatments and Prepping:** includes cupping --a technique using glass cups on the surface of the skin with usually a heat-created vacuum; and Gua Sha--rubbing on an area of the body with a blunt, round instrument.

**Herbs/Natural Medicines:** prescribing therapeutic substances which include plants, minerals and animal materials. Substances may be given in the form of teas, pills, powders, tinctures (may contain alcohol); topical creams, pastes, plasters, washes; suppositories or other forms. Homeopathic remedies, often highly diluted quantities of naturally occurring substances, 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.)

**Potential Risks:** While not common, can potentially occur from any therapy. Some examples include but are not limited to: pain, discomfort, blistering, discolorations, infection, or burns from topical procedures, heat or frictional therapies, electromagnetic- and hydrotherapies; loss of consciousness or deep tissue injury from needle insertions or needle breakage; allergic reactions to prescribed herbs or supplements; soft tissue or bone injury from physical manipulations; and aggravation of pre-existing symptoms. In addition, the patient must inform the East Asian medicine practitioner if the patient has a severe bleeding disorder or pacemaker prior to any treatment.

**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 a disease or its progression.

**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. We do not use labor-stimulating acupuncture points or any labor-inducing substances 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.

I understand that I may ask questions regarding my treatment before signing this form and that I am free to withdraw my consent and to discontinue participation in these procedures at any time. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by the Bastyr Center for Natural Health or any of its personnel regarding cure or improvement of my condition. 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 my representative or me or otherwise permitted or required by law.

**I hereby acknowledge that I am financially responsible for services rendered.**

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Guardian/Personal Representative's Name (PRINT)

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

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Guardian/Personal Representative's Signature

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

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

\_\_\_\_\_  
Date