

## **Patient Consent for Treatment: JEN Lifestyle Medicine, PLLC**

**Welcome to JEN Lifestyle Medicine, PLLC.** The following is a brief explanation of our philosophy and services rendered. As with all medical care and treatment there are certain risks and benefits, and the purpose of this Consent for Treatment is to explain those risks and potential benefits so that you, the patient, can make an informed decision on the care and treatment that you will receive. Please take time to read this Consent for Treatment carefully, and be sure to ask any questions that you may have.

**ABOUT US.** We are a physician led Integrative/Lifestyle Medicine consultation practice providing high quality patient-centered care. We utilize evidence-based conventional medicine, complementary and alternative medicine (CAM) and lifestyle medicine (LM) principles (healthy nutrition, regular physical activity, adequate sleep, stress management, and avoidance of risky substance use) to help patients optimize and maintain their health and well-being. We use natural and less invasive interventions whenever possible. However, if needed, we are able to order laboratory tests and prescribe necessary medications.

**VALUES.** Lifestyle practices and health habits are among the nation's most important health determinants. Changing unhealthy behaviors is foundational to medical care, disease prevention, and health promotion. The physician's trusted relationship with the patient, with the support of the family, an interdisciplinary team and the community, is key to improving health behaviors and outcomes. You will be empowered to make lifestyle changes and engaged in your body's own healing. We want you to feel and look your best.

**TYPE OF CARE.** Integrative/Lifestyle Medicine Consultation uses a different approach to health and wellness. Under professional guidance, chronic disease is addressed at its core level using integrative modalities including evidence-based conventional medicine and complementary and alternative medicine as well as nutritional interventions, movement, stress management, and other non-pharmacologic approaches. JEN Lifestyle Medicine may recommend collecting specimens for laboratory evaluation, order diagnostic imaging, prescribing certain medications and nutritional or dietary supplements, and certain CAM modalities or remedies.

**NOT A SUBSTITUTE FOR PRIMARY CARE.** While **JEN Lifestyle Medicine, PLLC** provides important health and wellness care, we are not primary care providers and all patients are encouraged to maintain their relation with their primary medical care providers.

**OTHER TREATMENT AND SERVICES.** In addition to Integrative/Lifestyle Medicine Consultation, we offer the following treatments and services:

- Medical Acupuncture
- Cosmetic Acupuncture
- Laser Acupuncture (Acupuncture without Needles)
- Microcurrent Muscle Toning
- Auricular (Ear) Acupressure
- Cupping Therapy (Face and Body)

## LED Light Therapy

**Medical Acupuncture** involves the insertion of acupuncture needles by a licensed physician (MD or DO) to the scalp, face, ear, neck, or body, and that according to the theory of Traditional Chinese Medicine (TCM) the insertion of these needles is designed to facilitate the flow of Qi (energy) along meridians or pathways throughout the entire body to promote healthy homeostasis and treat organic or functional disorders.

**Cosmetic Acupuncture** aims to create a younger, healthier, and more vibrant appearance by properly balancing the flow of Qi (energy). This may include enhanced skin tone, improved luster of complexion, decreased puffiness around the eyes, elimination or reduction of fine wrinkles, improved muscle tone, firming of sagging skin, and a lessening of the visible signs of aging. As with all TCM care, Cosmetic Acupuncture involves a gradual, healthful process that is customized for each individual, and that individual results may vary.

**POTENTIAL BENEFITS.** Many patients report significant improvement in their sense of health and well-being which may include more energy, pain relief, improved sleep and mood, as well as looking naturally beautiful from enhanced facial tone, skin texture, and reduction of fine lines and deeper wrinkles.

**RISK AND INCONVENIENCES.** As is the case with all medical treatments and procedures there are certain limitations, risks and inconveniences, and occasionally, such risks may warrant foregoing treatment altogether. Prior to treatment, speak with your doctor/clinician about the potential risks of the procedure and available alternatives, including the option of having no treatment at all. Although we expect good results, it is important to understand that such results cannot be guaranteed. Most patients experience little to no complications, here are some of the risks of the procedures we provide:

**BLEEDING AND BRUISING.** As with acupuncture in general, when a needle is removed, some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally, a bruise or hematoma may appear. With bruising, it is important that you wear sunscreen when going outside. Topical and internal remedies will be discussed to address bruising. If swelling persists, you should call your medical provider immediately.

**INFECTION.** Infection at the needle site is very rare after an acupuncture treatment because the needles are sterile. If you suspect infection at the needle site (i.e. redness, swelling or warm to touch), call your medical provider immediately.

**DAMAGE TO DEEPER STRUCTURES.** Sometimes, and very rarely, deeper structures such as blood vessels, nerves and muscles can be damaged during the course of acupuncture treatment. If this does occur, the injury may be temporary or permanent. Other risks include collapse of lung if needling near lungs, and spontaneous miscarriage.

**ASYMMETRY.** All facial structures are naturally asymmetrical. Results may vary from side to side due to the natural asymmetry, previous injuries on one side of the body, or severity of symptoms from one side or the other.

**NERVE INJURY.** Injury to the motor or sensory nerve very rarely results from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to the sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent numbness. Painful nerve scarring is extremely rare.

**NEEDLE SHOCK.** Needle shock is a rare complication that can happen during any acupuncture treatment. If you feel faint or shaky during the treatment, you should notify your medical provider immediately.

**ALLEGIC REACTION.** In rare cases, local allergies to topical preparations have been reported. Systemic reactions that are ore serious may occur to herbs used during an acupuncture treatment. Skin testing is done prior to application of any herbal preparations. Allergic reactions may require additional treatment or discontinuation of treatment.

**DELAYED HEALING.** Delayed healing is a rare complication. Smoking and certain health conditions such as diabetes, chronic fatigue syndrome, to name a few, may delay the healing response of any of the aforementioned risks.

**UNSATISFACTORY RESULTS.** I understand that I am not having a surgical procedure. The alternatives, risk, and comparisons of surgical procedures versus acupuncture have been discussed with me and outlined in this document. Should I have any further questions, I will discuss with my provider before treatment begins\_\_\_\_\_ (patient initial).

**LONG TERM EFFECTS.** Following Cosmetic Acupuncture treatments, changes in facial appearance may occur as the results of the normal process of aging, weight loss or gain, sun exposure, stress, illness, or other circumstances not related to acupuncture. It has been explained that following lifestyle and dietary instructions may enhance the longevity of Cosmetic Acupuncture while non-compliance will adversely affect longevity of these treatments. Additional, future treatments may be necessary to maintain the results.

**UNFORSEEABLE IMPACTS.** There are many variable conditions, in addition to the risks and potential complications enumerated, that may influence the long-term result from Cosmetic Acupuncture treatments. While the complications cited are the ones particularly associated with Cosmetic Acupuncture treatments, the practice of acupuncture is not an exact science, and other less common complications may arise. Should these or other complications occur, other treatments may be necessary.

**ALTERNATIVE TREATMENT.** I understand that other alternatives exist for my care including but not limited to surgery, such as a surgical facelift, chemical face peels, or liposuction. I realize that there are also risks and potential complications associated with these alternative forms of treatment. \_\_\_\_\_(patient initial).

**Laser Acupuncture (Acupuncture without Needles).** This is a safe and pain free alternative to acupuncture. There is no puncturing of the skin. A laser light is used on specific

acupuncture points instead of needles to promote health and healing. Possible side effects are dizziness or fainting, nausea, tiredness, headache, and increase in pain.

**Microcurrent Muscle Toning.** This is a non-invasive procedure and uses a low level current of electricity that mirrors the body's own natural electrical impulses that activate body's healing and rejuvenating properties. There may be slight tingling sensations, flashing of the optic nerve, and/or metallic taste in the mouth during the procedure. Reactions are rare but may include nausea, dizziness, weakness, and possible skin irritations.

**Auricular (Ear) Acupressure.** There is no puncturing of the skin. Possible side effects are local skin irritation and discomfort, mild tenderness or pain, and dizziness.

**Cupping Therapy (Face and Body).** This is non-invasive procedure using negative pressure, rather than tissue compression, to bring blood flow and nutrition to stagnant areas. The pulling action engages the parasympathetic nervous system thus allowing deep relaxation throughout the entire body. There is possibility of discolorations that can occur from the release and clearing of stagnation and toxins from the body. They are not bruises. They are metabolic waste, toxins, and other stagnant material that have been freed from the underlying tissue and brought to the surface where they can more easily be flushed away. The marks can last anywhere from a few hours to a few weeks and are not tender to the touch. There may also be some muscle soreness which may last a few days.

**LED Light Therapy.** This is a safe, non-invasive procedure that activates skin cells with non-thermal light energy. LED Light Therapy converts light energy to metabolic energy, boosting energy to the cells to improve circulation and overall health and accelerate healing. This results in strengthening, firming, toning, and relaxing of the muscles. Some side effects include irritability, headaches, eyestrain, sleep disturbances and insomnia; however, these effects are rare and temporary.

In the course of the treatment, it is very important that you inform your physician/clinician if you are pregnant, have a cardiac pacemaker or other implanted electronic devices or skin conditions that may contraindicate acupuncture, microcurrent muscle toning, auricular acupressure, cupping therapy, or LED light therapy

**FINANCES.** I know and understand the fees that I will be charged. I am satisfied with these fees and understand that these do not include additional procedures or treatment that may later be required to correct any complications. I understand that **JEN Lifestyle Medicine, PLLC** does not accept insurance for services provided and will not be billing insurance companies nor providing billing services for care and treatment rendered. We are cash based, fee for services provider and **JEN Lifestyle Medicine, PLLC** does not bill or provide services that are eligible for Medicare reimbursement.

I understand that I am responsible for payment at the time that services are rendered. All accounts not paid in full within 30 days shall accrue interest and I will be responsible for any collections costs including reasonable costs and attorney fees, should I fail to pay for service rendered. \_\_\_\_ (patient initial).

**CANCELLATION POLICY.** We are committed to providing all of our patients with exceptional care. A substantial amount of time is used to prepare for each of your appointments. When a patient cancels without giving enough notice, this prevents another patient from being seen.

JEN Lifestyle Medicine has a **72-hour cancellation policy**. Cancellation within 72 hours of appointment or no-shows for appointments will incur a cancellation fee equal to the amount of the scheduled appointment. There is no fee to reschedule or cancel an appointment if requested outside of the 72-hour minimum cancellation policy.

**Please Note:** Holidays and weekends do not constitute business days. Although you may receive reminder phone calls, emails, and text from our office about appointments, these reminders are a courtesy only. It is your responsibility to remember your appointment date and time.

If you arrive more than 15 minutes late for your appointment, you may be rescheduled to ensure timely treatment of other patients and a missed appointment fee will be charged. There is no charge for inclement weather cancellations or for severe illness cancellations. In the event of an inclement weather, our office will be closed. You will be contacted to reschedule your appointment. \_\_\_\_\_ (patient initial).

**PRIVACY/HIPAA.** We maintain the privacy of all patient records and health information. In the event of consultation and/or treatment with other providers, including your primary care provider, disclosure of "individually identifiable health information" as defined by the Health Insurance Portability and Accountability Act ("HIPAA") may occur and as more fully set forth in the Notice of Privacy Practices, a copy of which I have received. I hereby consent to the disclosure(s) as set forth above. \_\_\_\_\_ (patient initial).

**INFORMED CONSENT.** I have been given adequate time to read and have read (or had read to me) the preceding information describing the proposed treatment. I have discussed with my doctor/clinician and understand the benefits, risks, alternatives and inconveniences, required patient commitment and fees associated with treatment as well as the option of no treatment. I have fully disclosed and understand the importance of advising my physician/clinician if I am pregnant, have a cardiac pacemaker or other implanted electronic devices or skin conditions that may contraindicate acupuncture, microcurrent muscle toning, auricular acupressure, cupping therapy, or LED light therapy. I have been sufficiently informed and have had the opportunity to ask questions and discuss concerns about the treatment. I understand that the practice of medicine is not an exact science and that no guarantees or assurances are given regarding the outcome or results of treatment.

I consent to the treatment plan as recommended and authorize the procedures which I have selected. \_\_\_\_\_ (patient initial).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**PATIENT SIGNATURE**

**OFFICE SIGNATURE**

\_\_\_\_\_  
(Or Patient Representative)  
(Indicate relationship if signing for patient)

\_\_\_\_\_  
JEN Lifestyle Medicine, PLLC

**Photographic Consent: JEN Lifestyle Medicine, PLLC**

The purpose of before and after photos is to document the progress of treatment. Such documentation will help you see changes that could be overlooked. They can also be helpful tools for teaching and demonstrating to prospective patients the potential results. Please read and initial each statement to which you consent and please mark N/A next to the statements to which you do not consent.

I acknowledge that I have the right to withhold consent to sharing of any information, treatment, records or photos taken of me which are a part of my medical record, and that such information constitutes protected “individually identifiable health information” as defined by the Health Insurance Portability and Accountability Act (“HIPAA”) and that I have the right to decline and withhold permission to disclose any portion of that information, including photographs which depict my medical treatment.

\_\_\_\_\_ I consent to have my picture taken for comparison purpose, but do not consent to have them used for teaching, advertising, or publication of any kind.

\_\_\_\_\_ I consent to have my pictures used in your advertising materials. I understand that my name will not be disclosed without written permission.

\_\_\_\_\_ I consent to have my pictures used on your website. I understand that my name will not be disclosed without written permission.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**PATIENT SIGNATURE**

**OFFICE SIGNATURE**

\_\_\_\_\_  
(Or Patient Representative)  
(Indicate relationship if signing for patient)

\_\_\_\_\_  
JEN Lifestyle Medicine, PLLC

## Notice of Privacy Practices

This Notice describes how your health information may be used and how you can obtain access to this information.

JEN Lifestyle Medicine, PLLC, is committed to protecting the confidentiality of your health information. That means that all persons who work with, or at JEN Lifestyle Medicine, PLLC are required to protect the confidentiality of your health information. There are certain circumstances in which it will be necessary to use your health information without your authorization. These include contacting you to make or remind you of your appointments, sharing your health information with your doctor or other health care providers, or with family members or friends who may be involved in assisting with your care (but only to the extent necessary in order for them to help you). We also may share your health information when required by law, as for example, upon court order, subpoena, administrative order, or when mandated by government Health oversight or regulatory agencies.

We will NOT use your health information for marketing or sharing with outside entities.

In the unlikely event of a breach of your confidential health information, you have the right to receive notice of any such breach, as required by law. You have the right to access your health information that we maintain, and you have the right to ask that your health information be provided to third parties, such as doctors or caregivers. You also have the right to listing of the disclosures we make of your health information. You may contact us at any time for further information or clarification of the rights pertaining to your confidential health information. For further information you may also contact the US Department of Health and Human Services 2201 Six Ave., M/S/ RX-11, Seattle WA 98121.

Acknowledged: \_\_\_\_\_  
Patient

Date: \_\_\_\_\_