

## ELEMENTS

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## FACIAL ACUPUNCTURE INFORMATION AND INFORMED CONSENT

**Instructions:** This is an informed consent document that has been prepared to help your acupuncturist inform you, concerning facial acupuncture treatments, the risks involved, and possible alternatives. Please be advised that this is not a surgical procedure. It is important that you read this information carefully and completely. Please read each page and sign the consent for treatment, as proposed by your acupuncturist.

**Introduction:** An acupuncture facial treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely "cosmetic". An acupuncture facial involves the patient in an organic, gradual process that is customized for each individual. It is no way analogous to, or a substitute for, a surgical "face lift". A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other procedures, including micro-current facial treatment.

**Potential Benefits:** Facial rejuvenation acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion and flush out sunken areas. Customarily, fine wrinkles will disappear and deeper ones will be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health. However, I understand that as with all acupuncture care, facial acupuncture treatment involves a gradual, healthful process that is customized for each individual, and that results may vary.

**Alternative Treatment:** I understand that other alternatives exist for cosmetic 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.

**Risks of Facial Rejuvenation Acupuncture:** Every procedure involves a certain amount of risk and it is important that you understand the risks involved with facial rejuvenation acupuncture. An individual's choice to undergo an acupuncture facial is based upon the comparison of the risk to the potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications and consequences of an acupuncture facial.

**Micro Needling – Collagen Induction Therapy:** The micro needling treatment allows for controlled induction of growth factor serums, or hyaluronic acid, into the skins self-repair process by creating micro injuries in the skin. These injuries stimulate new collagen production, while not posing the risk of permanent scarring. The result is smoother, firmer and younger looking skin. The skin needling treatments are performed in a safe and precise manner with a sterile, single use needle head and are usually completed in 30-60 minutes.

- Bleeding and Bruising: As with acupuncture in general, some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally a bruise or a hematoma (accumulation of blood under the skin) may occur and will typically resolve itself. With bruising, it is important that you wear sunscreen when going outside. There is a possibility of puffiness, tingling, itching, warmth, pain or other symptoms at the site of the needle. If swelling persists, I understand, I should call my provider immediately.
- *Infection:* Infection is extremely unusual after facial acupuncture. Should an infection (puffiness / redness / puss) occur, notify our office immediately. Additional treatment or referral to your M.D. may be necessary.
- Damage to Deeper Structures: Deeper structures such as blood vessels, nerves and muscles are rarely damaged during the course of a facial acupuncture treatment. If this does occur, the injury may be temporary or permanent.
- Asymmetry: The human face is normally 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: Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments.
  Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries
  typically improve over time. Injury to sensory nerves of the face, neck and ear regions may cause
  temporary, or more rarely, permanent numbness.
- Needle Shock: Needle shock is a rare complication after an acupuncture facial.
- *Unsatisfactory Result:* There is the possibility of a poor result from facial rejuvenation acupuncture. You may be disappointed with the results.
- Allergic Reactions: In rare cases, local allergies to topical preparations have been reported. All products
  used during the procedure are all-natural, hypo-allergenic and have no added scents. 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 and chronic fatigue syndrome, to name a few, may delay the healing response of any of the aforementioned risks.
- Long Term Effects: Following facial acupuncture treatments, changes in facial appearance may occur as
  the result of the normal process of aging, weight loss or gain, sun exposure, stress, illness or other
  circumstances not related to such treatment. It has been explained that following lifestyle and dietary
  instructions may enhance the longevity of the results, while non-compliance will adversely affect the
  longevity of the results from facial acupuncture treatments.
- Additional Care Necessary: There are many variable conditions in addition to risks and potential
  complications, that may influence the long term result from facial acupuncture treatments. Even though
  risks and complications occur infrequently, the risks cited are the ones that are particularly associated with
  facial rejuvenation acupuncture treatment. Other complications and risks can occur but are even more
  uncommon. Should complications occur, other treatments or different procedures may be necessary. The
  practice of acupuncture is not an exact science. Although good results are expected, there is no guarantee
  or warranty, either expressed or implied, on the results that may be obtained.

**Health Insurance / Financial Responsibility:** The cost of facial rejuvenation acupuncture involves several charges for the services provided. The total includes fees charged by your acupuncturist, the cost of supplies and some topical preparations. Most health insurance companies exclude coverage for facial acupuncture and/or any complications that might result from such treatments. Please contact your provider for specific information related to your coverage. We do not bill insurance companies and payment is due at the time of services.

**Disclaimer:** Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatments(s). The informed consent process attempts to define principles of risk that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

Agreement and Continuous Effect: I have read, or had had read to me, the above consent. It has been explained to me in a way that I understand: a) The risks involved with facial acupuncture treatments; b) That I have alternatives available to me for cosmetic improvements; and c) What protocols will be used in connection with treatment. I have also had an opportunity to ask questions regarding facial acupuncture treatment and am satisfied that all my questions have been answered. I acknowledge that no guarantee has been given to me by anyone as to the results that may be obtained. I authorize the release of medical information when required. Finally, by signing below I acknowledge that I have been fully informed about, and agree to, facial acupuncture treatments. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

**Cancellation Policy:** It is your responsibility to be present at appointments that allow for your continued care. If you must reschedule, please provide 24 hour notice as your cancellation may provide an opening for someone else to receive treatment.

Signature:	Date:	
Signature of Patient representative or Guardian:		



## Consent for Purposes of Treatment, Payment and Health Care Operation

I consent to the use or disclosure of my identifiable health information by Elements Acupuncture for the purposes of diagnosis or providing treatment to, obtaining payment for my health care bills or to conduct acupuncture operations. I understand that diagnosis or treatment of me at Elements Acupuncture may be conditioned upon my consent as evidenced by my signature on this document. I understand I have the right to request a restriction as to how my identifiable health information is used or disclosed to carry out treatment, payment or health care operations of the practice. Elements Acupuncture is not required to agree to the restrictions that I may request. However, if Elements Acupuncture agrees to a restriction that I request, the restriction is binding upon Elements Acupuncture. I have the right to revoke this consent, in writing, at any time except to the extent that Elements Acupuncture has taken action in reliance on this consent. My identifiable health information means health information, including my demographic information, collected from me and created or received by my practitioner, another health care provider, a health plan, my employer or a health care clearinghouse. This identifiable health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me. I understand I have the right to review Elements Acupuncture's Notice of Privacy Practices prior to signing this document. The Notice of Privacy Practices describes the types of uses and disclosures of my identifiable health information that will occur in my treatment, payment of my bills or in the performance of acupuncture operations of Elements Acupuncture. The Notice of Privacy Practices is provided at the front desk. This Notice of Privacy Practices also describes my rights and the duties of my practitioners and Elements Acupuncture with respect to my identifiable health information. Elements Acupuncture reserves the right to change information contained in the Notice of Privacy Practices at any time. I may obtain a revised Notice of Privacy Practices by the most current notice during any office visit.

Signature:	Date:
Signature of Patient representative or Guardian:	