



El Paso County
State of Texas

INFORMED CONSENT TO TREATMENT

I, _____, as a patient of *Elisabeth Bouchard at Bouchard Wellness*, understand fully that I will be treated by and consent to treatment by Elisabeth Bouchard, Licensed Acupuncturist.

I understand that insurance assignments **are not** accepted. All fees are due and payable at the time treatment is given. I will, however, be provided with the appropriate receipt for filing with my insurance carrier. Acupuncture treatment coverage by insurance carriers varies by policy and company, and I should read my policy or check with my insurance company to determine eligibility for benefits in my case. Acupuncture is a lawfully deductible expense for purposes of U.S. Federal Income Tax. Acupuncture treatment is currently not covered by Medicare.

I acknowledge that for best result during my acupuncture treatment, I should not receive treatment within one (1) hour after a meal or on an empty stomach. I should also not receive treatment within 24 hours of donating blood, or if I plan to donate blood within a 24-hour period. I also understand that I should abstain from any alcoholic beverages while undergoing acupuncture treatment.

I acknowledge fully and specifically state that I understand that treatment of acupuncture (like treatment of other branches of health services) cannot, will not, and does not guarantee specific result or cure, and that treatment with acupuncture, just like leaving my condition untreated, carries risk. I also understand that acupuncture treatment may cause bruising, temporary soreness after needling, temporary dizziness, lightheadedness, Rarely fainting may occur or blistering of the skin following cupping and/or moxibustion.

I acknowledge that I am legally and mentally competent to sign this authorization and that I have read and fully understand it. I further understand that I may revoke this authorization at any time by notifying Elisabeth Bouchard at Bouchard Wellness, in writing.

Signature

Date