

Cutting Edge Integrated Medicine

2400 West Coast Hwy, Suite 7

Newport Beach, CA, 92663

(714) 469 - 6817

Consent and Release of Liability

I hereby request and consent to the performance of acupuncture treatments and other Oriental Medicine procedures, including various modes of physiotherapy on me (or the patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while working or associated with, or serving as a back-up for the acupuncturist named below, including those working at this or any other office, whether signatories to this form or not.

You hereby request and consent to receiving acupuncture treatments and other related procedures including but not limited to acupuncture, moxibustion, cupping & gua sha, electrical stimulation (including electroacupuncture), Tui-Na (Oriental manual therapy), heat/cold, energy work, breathing techniques, exercise therapy, nutrition, natural medicine, and chinese or western herbal medicine and lifestyle counseling, (collectively "Acupuncture & Oriental Medicine").

I understand that I am required to advise my acupuncturist of any medical conditions, including pregnancy, which may prevent me from receiving Acupuncture & Oriental Medicine.

I am required to inform the acupuncturist if at any time during your Acupuncture & Oriental Medicine treatment I experience any pain or discomfort.

I have been advised of the possible benefits of receiving Acupuncture & Oriental Medicine including, but not limited, to pain management, reduced severity of certain symptoms, and treatment of certain conditions. I have also been advised of the possible risks associated with Acupuncture & Oriental Medicine including, but not limited to, bruising, numbness or tingling near the needling sites which may last a few days, infection, dizziness, fainting, spontaneous miscarriage, nerve damage and organ puncture, burns, scarring, and pneumothorax.

Cutting Edge Integrated Medicine reserves the right to terminate or refuse its services for inappropriate behaviors.

The herbs and nutritional supplements (which are from plant, mineral, and animal sources) that have been recommended are traditionally considered safe in the practice of Chinese medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives and tingling of the tongue.

I understand that the herbs need to be consumed according to the instructions provided orally and/or in writing. I understand that some herbs may have an unpleasant taste or smell. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs.

I do not expect the acupuncturist to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed.

This is an elective service. Cutting Edge Integrative Medicine will not file insurance claims on your behalf for this service unless we are a participating provider for your insurance plan. I understand that I am required to pay for this service by cash, check or credit card for prior to or after receiving the Acupuncture & Oriental Medicine treatment. I may independently submit claim to my insurance carrier for reimbursement if I choose to do so for plans that we do not accept. Our office will provide you with the necessary documentation.

I understand that all records pertaining to your Acupuncture & Oriental Medicine treatment will be kept confidential and will not be released by Cutting Edge Integrated Medicine without your written consent, unless otherwise required by law.

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Except for negligent or intentional acts or omissions of Cutting Edge Integrated Medicine, you on behalf of yourself, your successors, heirs and assigns hereby release Cutting Edge Integrative Medicine, and Ronda Wimmer, OMD/DOM, MS, LAc, ATC, CSCS, CMT and their related entities, and the trustees, directors, officers, employees, medical staff members, agents or contractors, of each, in their personal or representative capacities, of and from any and all liability for any claims or demands for harm, damages, judgments, verdicts, settlements, or otherwise, arising from any injury or damage resulting from the Acupuncture and Oriental Medicine treatment.

By voluntarily signing below I show that I have read, or have had read to me, this consent and release of liability form, and have had an opportunity to ask questions. I intend this consent and release of liability form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

X _____
Signature of Patient (or Representative)

X _____
Print Name of Patient (or Representative)

X _____
Date Consent Completed

X _____
Acupuncturist's Signature