

INFORMED CONSENT FOR FACIAL ACUPUNCTURE (Facial Rejuvenation Cosmetic Acupuncture)

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 initial each page, indicating that you have read the page and sign the consent for facial acupuncture treatments, 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 treatment 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.

BENEFITS: Facial 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 “flesh out” sunken areas. Customarily, fine wrinkles will disappear, and deeper ones reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

POSSIBLE RISKS OF FACIAL ACUPUNCTURE: Every procedure involves a certain degree of risk and it is important that you understand the risks involved with an acupuncture facial. An individual’s choice to undergo facial acupuncture is based upon the comparison of the risk to 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 those risks, potential complications and consequences of an acupuncture facial treatment.

- **BLEEDING:** It is possible, though very unusual, that you may have problem with bleeding during facial acupuncture. Should post-acupuncture bleeding occur, it would usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise, or hematoma, which will resolve itself.
- **INFECTION:** Infection is very unusual after facial acupuncture. Should an infection occur, additional treatment, including antibiotic, might be necessary. The patient’s regular healthcare provider must conduct medications, of this type.
- **DAMAGE TO DEEPER STRUCTURES:** Deeper structures such as blood vessels and muscles are rarely damaged during the course of facial acupuncture treatment. If this does occur, the injury may be temporary or some cases permanent.
- **ASYMMETRY:** The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.
- **BRUISING AND PUFFINESS:** There is a possibility of bruising (hematomas), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.
- **NERVE INJURY:** Injuries to the motor or sensory nerves rarely result from facial acupuncture treatment. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely, permanent numbness. Painful nerve scarring is very rare.
- **UNSATISFACTORY RESULTS:** There is the possibility you may be disappointed with results you consider mild or poor.
- **ALLERGIC REACTIONS:** In rare cases, local allergies to topical preparations have been reported. Systemic reactions that are more serious may occur to herbs used during facial acupuncture. Allergic reactions may require additional treatment.

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- **DELAYED HEALING:** Delayed wound healing or wound disruption are a rare complication experienced by patients post-facial acupuncture. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.
- **LONG TERM EFFECTS:** Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure or other circumstance not related to facial acupuncture treatment. Facial acupuncture does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatment, may be necessary to maintain the results of a facial acupuncture treatment.

HEALTH INSURANCE: Most health insurance companies exclude coverage for facial acupuncture and/or any complications that might occur from facial acupuncture. Please carefully review your health insurance subscriber information pamphlet.

ADDITIONAL CARE NECESSARY: There are many variable conditions in addition to risk 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 acupuncture treatment. Should complications occur, additional treatment should be sought out. 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.

FINANCIAL RESPONSIBILITIES: The cost of facial acupuncture involves several charges for the services provided, including fees charged by your acupuncturist, acupuncture supplies and herbal preparations. You are fully responsible for payment of such costs.

DISCLAIMER: Informed-consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure 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 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.

CONSENT FOR FACIAL ACUPUNCTURE PROCEDURE OR TREATMENT

1. I hereby authorize EASTERN MEDICAL HEALTH GROUP, it's assigned practitioners, and such assistants as may be selected to perform facial acupuncture treatments. I have received the FACIAL ACUPUNCTURE INFORMED CONSENT FORM.
2. I recognize that during the course of facial acupuncture, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above acupuncturist and assistants or designees to perform such other procedures that are in the exercise of his/her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.
3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained
4. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
 - A. THE ABOVE TREATMENT OR EXPOSURE TO BE UNDERTAKEN
 - B. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-4). I AM SATISFIED WITH THE EXPLANATION

Patient (or Person Authorized to Sign for Patient)

Authorized signature for Eastern Medical Health Group

Date

Date