

**Northampton Community Acupuncture
160 Main Street, Suite 24
Northampton, MA 01060
413.586.8251
nohocommunityacupuncture.com**

CONSENT TO TREATMENT

I, _____, hereby authorize Rachel S. Condon, licensed acupuncturist in the state of Massachusetts, to administer any of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations. These techniques are used in an attempt to treat bodily imbalances or diseases, decrease pain, and normalize the body's physiological functions. Although infrequent, occasional minor local bruising, bleeding, fainting, or discomfort may occur.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given the opportunity to ask questions pertaining to the treatment.

Signature of patient/guardian: _____ **Date:** _____

FINANCIAL AGREEMENT

Northampton Community Acupuncture makes every attempt to make acupuncture available to as many people as possible, at the most affordable rates. In respect for our intention to offer high quality health care at affordable prices, we ask for 24 hours notice in advance of an appointment if it is necessary to cancel or reschedule an appointment.

All appointments that are rescheduled or cancelled with less than 24 hour advance notice, and appointments missed without notice, will be charged a \$15 fee.

We appreciate your understanding.

Printed Name: _____ Signature: _____