

Treatment Authorization

Christina Jackson is an East Asian Medicine Practitioner (EAMP), and has been licensed in Washington State since 1995. She holds a Master's degree in acupuncture and is board certified by the National Certification Commission of Acupuncture and Oriental Medicine in acupuncture and Chinese Herbology.

Listed below are the techniques she is trained in and licensed by the state to perform.

Acupuncture:

The insertion of sterile, disposable needles through the skin into underlying tissues at specific points on the body.

Cupping:

The application of glass cups to the skin in a manner as to create suction.

Moxabustion:

The burning of an herb on or near an acupuncture point.

Acupressure:

The application of pressure to the acupoints.

East Asian massage and Tuina:

A vigorous type of massage. Does not include spinal manipulation.

Gua Sha (dermal friction):

The rubbing on an area of the body with a blunt instrument.

TDP Lamp:

A mineral heat lamp used to warm a large area of the body.

Laserpuncture:

The stimulation of acupuncture points with laser.

Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs and supplements.

Breathing, relaxation, and East Asian exercise techniques.

Potential Risks include, but are not limited to:

Pain, bruising, bleeding, infection,; possible aggravation of symptoms existing prior to the acupuncture treatment, needle sickness (dizziness), and broken needle.

Potential Benefits:

Drugless relief of presenting symptoms and energetic balancing that may lead to prevention, improvement or elimination of presenting problem.

With this knowledge I voluntarily consent to the above procedures, realizing that no guarantees have been made to me by my practitioner regarding cure or improvement of my condition. I release my practitioner from any and all liabilities, which may occur in connection with the above-mentioned procedures except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

Signature of patient or legal guardian Date

Cancellation Policy:

Please give the clinic at least 24 hours notice if you need to cancel or change your appointment. There is a \$50.00 late cancellation or missed appointment fee.

Initials of patient_____

Privacy Policy:

Your personal information is confidential in accordance with the HIPPA patient privacy law. Your information will be shared only with your insurance company and your referring practitioner, unless you give written permission to do otherwise. Correspondence via e-mail is not guaranteed to be secure.

Would you like to have your billing statements sent to you via email? Yes No

Would you like to receive our newsletter via email? Yes No

I have read the above:

Patient signature

Date