



SEASONS IN OUR LIFE

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ACUPUNCTURE CONSENT

I, _____, being _____ years of age and residing at _____,
do hereby voluntarily consent to be treated by Acupuncture administered by _____.

I understand that Acupuncture is performed by the insertion of needles, with or without the addition of an electric current, through the skin or by the application of heat to the skin or by both, at certain points on or near the surface of the body in an attempt to treat body dysfunctions or diseases, to modify or prevent the body of pain and to make normal the body's physiological functions. The procedure has been fully explained to me.

I am aware that certain side effects may result. These could include, but are not limited to, some local bruising, slight bleeding and temporary aggravation of symptoms existing prior to Acupuncture treatment.

I am aware that if there is a worsening of my ailment or condition or if it does not improve within the time estimated by the Acupuncturist at the beginning of treatment, that I should consult a licensed physician.

I am also aware that the Federal Government considers Acupuncture "experimental" at this time. I understand that no guarantees concerning its use and effects are given to me and that I am free to stop Acupuncture treatment at any time.

None of the foregoing provisions preclude the administration to me of conventional medical therapy by the licensed physician when at his discretion such therapy is deemed appropriate.

Clients are expected to pay for services at the time they are rendered unless other arrangements have been made. Checks are to be made out to Carlos Durana.



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Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours advance notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for missed sessions without such prior notification.

All information disclosed within sessions is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law, i.e. when there is a reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken. Disclosure may also be required pursuant to a legal proceeding.

Patient

Parent or Guardian

Date



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