



INFORMED CONSENT TO CARE AND TREATMENT, INCLUDING COVID-19 RISK

I, _____ (patient name), hereby request and consent to the performance of elective acupuncture treatments and other Asian medicine procedures, including various physical modalities (“Treatment”), on me by Katharine Chaney, LAc of Pure Joy Acupuncture.

I understand that methods of Treatment may include, but are not limited to, acupuncture, infrared therapy, electrical stimulation, massage, herbal medicine and nutritional counseling. I have had the opportunity to discuss with Katharine Chaney, LAc the nature and purpose of acupuncture treatments and other procedures.

I have been informed that acupuncture is a generally safe method of treatment, but as with all medical procedures, I agree and acknowledge that it may have some side effects, most commonly bruising, and less frequently numbness or tingling near the needle sites that may last a few days. I understand other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal, and mineral sources) that have been recommended are traditionally considered safe in the practice of Asian medicine, although some may be toxic in large doses. I will immediately notify Katharine Chaney, LAc of any unanticipated or unpleasant effects associated with the consumption of herbs or nutritional supplements. I understand that some herbs or supplements may be inappropriate during pregnancy. I will also notify Katharine Chaney, LAc if I am or become pregnant.

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

I further agree and understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that Katharine Chaney, LAc of Pure Joy Acupuncture



has put in place reasonable preventative measures aimed to reduce the spread of COVID-19 and I agree to follow all such measures. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of utilizing the services of Katharine Chaney, LAc of Pure Joy Acupuncture.

I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective Treatment and I give my express permission for Katharine Chaney, LAc of Pure Joy Acupuncture to provide this elective Treatment to me. In order to mitigate some of the risk involved, I agree that I shall follow all preventative measures put in place by Katharine Chaney, Lac, cancel or reschedule any appointments if I have a fever or am not feeling well, will follow safe hand hygiene practices, and wear a mask or other form of nose and mouth covering at all times while receiving treatment from Katharine Chaney, LAc.

I understand that, even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective Treatment can lead to a higher chance of complication and death.

I understand that possible exposure to COVID-19 before, during, or after my elective Treatment may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after my elective Treatment, I may need additional care that may require me to go to an emergency room or a hospital. I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described herein, as well as those risks for the Treatment itself.

I acknowledge that I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with my elective Treatment.



**PATIENT INFORMED CONSENT TO CARE AND TREATMENT,
INCLUDING COVID-19 RISK**

I have read, or have had read to me, and understand the information provided above regarding my care and Treatment, including COVID-19 risk, have discussed it with Katharine Chaney, LAc, and all of my questions have been answered to my satisfaction. I hereby agree that I shall cancel or reschedule any appointments if I have a fever or am not feeling well, will follow safe hand hygiene practices, and wear a mask or other form of nose and mouth covering at all times while receiving treatment from Katharine Chaney, Lac. In the event I fail to follow these safety guidelines, I understand Katharine Chaney, Lac may refuse to provide services to me. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient name (printed)

Patient signature

Date

I have been offered a copy of this consent form. _____ (Patient initials)