



Madison Acupuncture & Complementary Medicine

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Informed Consent

The benefits and risks of receiving Acupuncture, Oriental Medicine and nutritional supplementation therapies have been presented to me either verbally or in written form. Although rare, certain side effects may result from Acupuncture, herbal medicine and nutritional supplementation. I understand a licensed acupuncturist will be performing these treatments. I understand Madison Acupuncture & Complementary Medicine, LLC may record medical and other information concerning my treatments in electronic or other physical form. Such information may be released by the clinic for the purposes outlined on this form. I understand that portions of my medical records may be disclosed to qualified non-clinician personnel for the purpose of conducting scientific or statistical research, management or financial audits without my consent. I understand that no guarantees have been made to me as a result of treatment or medical examination at Madison Acupuncture & Complementary Medicine.

Records Release Authorization

- I authorize the use of this form for all of my insurance submissions.
- I authorize release of information to all of my insurance companies.
- I permit a copy of this authorization to be used in place of an original.
- I direct my previous, and current, health care providers to release medical records to this clinic.
- I understand that I am fully responsible for my bill.
- I authorize payment directly to Madison Acupuncture & Complementary Medicine.
- I authorize my clinician to act as my agent to obtain payment from my insurance company.
- This authorization is not intended to allow the release of records regarding my treatments for services requiring a restricted release under State and Federal
- **I understand a \$40 cancellation fee will be charged if I cancel with less than 24 hours notice.**
- I authorize use of the results of my treatment in statistical reports with my identity remaining confidential.

Notice of Privacy Practices

I have received a copy of the Madison Acupuncture & Complementary Medicine notice of privacy paperwork. I understand the paperwork defines my rights under 45 CFR 164.528 of the federal regulations and is intended to comply with federal privacy rights.