

jade river healing arts

Katia Durand, M.S., Acupuncture specialist & Chinese herbalist
700 Warren Ave. N Seattle 98109 (206) 547-3387

East Asian Medicine Practitioner Qualifications, Scope of Practice And Informed Consent

Practitioners' Qualifications:

- a. Masters of Science degree in Acupuncture & Oriental Medicine, 2000 and Certificate in Chinese Herbal Medicine, 2001- Bastyr University, Kenmore Washington
- b. Washington State Department of Health license # AC0000703
- c. NCCAOM Diplomat

Scope of Practice: "East Asian medicine" (EAMP) means a health care service utilizing East Asian medicine diagnosis and treatment to promote health and treat organic or functional disorders and includes the following:

(a) Acupuncture, including the use of acupuncture needles or lancets to directly and indirectly stimulate acupuncture points and meridians;

(b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;

(c) Moxibustion;

(d) Acupressure;

(e) Cupping;

(f) Dermal friction technique;

(g) Infra-red;

(h) Sonopuncture;

(i) Laserpuncture;

(j) Point injection therapy (aquapuncture), as defined in rule by the department. Point injection therapy includes injection of substances, limited to saline, sterile water, herbs, minerals, vitamins in liquid form, and homeopathic and nutritional substances, consistent with the practice of East Asian medicine.

(k) Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements;

(l) Breathing, relaxation, and East Asian exercise techniques;

(m) Qi gong;

(n) East Asian massage and Tui Na

(o) Superficial heat and cold therapies.

Possible Side Effects of Acupuncture:

Side effects may include, but are not limited to:

(a) Pain following treatment;

(b) Minor bruising;

(c) Infection;

(d) Needle sickness;

(e) Broken needle;

(f) Pain at site of insertion;

(g) Pneumothorax

Please Make the Following Situations Known to Your Practitioner Prior to Treatment:

(a) If you have a pacemaker.

(b) If you have a severe bleeding disorder

(c) If you feel you may be coming down with a cold or flu

(d) If you are pregnant or think that you may be pregnant

Confidentiality

All information disclosed in the course of professional services are held in strict confidence and will not be disclosed without written consent except in the following cases as mandated by law: To prevent a clear and immediate danger to a person or persons, or when ordered by a court or pursuant to the rules of a court.

Disclosure

East Asian Medicine has been used for thousands of years as a safe and effective way to treat a wide variety of conditions. There are no guarantees concerning the results of treatments. Results will vary depending on treatment frequency and each person's constitution. Acupuncture does not preclude the administration of conventional medicine by a licensed physician. It is your responsibility to consult your physician before changing a prescribed medication, dosage or treatment plan.

Cancellation Policy

If you need to cancel or reschedule your appointment, 24-hour notice is required. The following is our fee schedule for missed appointments.

'No Shows' (meaning you didn't call to cancel or show up for your appointment) will incur a fee of 100% of the regular charge for the scheduled appointment.

Cancellations made with less than 24 hours notice will incur a fee of 50% of the regular charge for the scheduled appointment.

When canceling an appointment, please do so online or by calling or texting Katia at 206-547-3387. We appreciate payment for the missed appointment at the time of your cancellation. Thank you for your understanding.

With this knowledge, I voluntarily consent to the above procedures and policies, affirming that no guarantees regarding a cure or improvement of my condition have been made by my acupuncturist. I consent to treatment in the care of Katia Durand and hereby release Jade River Healing Arts & its associates from any and all liability which may occur in connection with the above mentioned procedures. I understand I am free to discontinue participation in these procedures at any time.

Name (please print)

Signature of patient or guardian

Date