

Addendum to Consent for Treatment
Michael Aanavi, PhD, LAc / Spring Wind Acupuncture, LLC

Credentials

I hold an MS in traditional Chinese medicine and a PhD in clinical psychology, and am licensed as an acupuncturist and as a psychologist by the State of Alaska.

Treatment

In addition to acupuncture, herbal medicine, gemstone medicine, *tui na*/massage, cupping, moxibustion, nutritional and lifestyle counseling, *qigong* instruction, medical *qigong* energy work, liniment/heat therapy, and/or other forms of treatment within my scope of practice as a licensed acupuncturist, your treatment may also include psychological services such as clinical health psychology, mindfulness-based practices, and/or other areas within my scope of practice as a licensed psychologist. Although aspects of clinical psychology diagnosis and methodology may be incorporated with your treatment, these are limited in breadth and intent, with a primary focus on acupuncture and Chinese medicine; should you desire ongoing counseling and/or more extensive psychological services, please let me know so that we can discuss referrals.

Outcomes and Risks

Results vary for each individual; I do not make claims nor guarantees regarding treatment outcome or effectiveness. Acupuncture, herbal medicine, massage, cupping, and other elements of Chinese medicine are generally safe when administered by a qualified practitioner. However, as with any medical procedure, side effects and/or negative outcomes may occur, including but not limited to pain, bruising, bleeding, and swelling; skin irritation and burns; digestive discomfort; uncomfortable emotional discharges or bodily experiences; on rare occasion, pneumothorax, puncture of internal organs, internal bleeding, or fainting; worsening of symptoms; disruption of other life areas including work and relationships. Should I prescribe herbal medicinals, they should be taken only in the manner prescribed. Herbs may taste unpleasant, and may cause digestive discomfort or other side effects. I am not responsible for problems due to the quality of herbal products, or errors on the part of outside vendors. Psychological services are generally safe; however, they can be demanding in a variety of ways, are complex and vulnerable processes, and may result in emotional discharges and other discomfort. Symptoms may worsen, and you may experience disruption of life areas including but not limited to work and relationships.

Boundaries and Touch

Chinese medicine utilizes touch for a variety of reasons—including palpation of areas of the body for diagnostic purposes, taking the pulse, massage, application of liniments, needle insertion, and other aspects of diagnosis and treatment. Although psychological services generally do not include physical touch, because my treatment approach emphasizes acupuncture and Chinese medicine, it involves physical touch within my scope of practice as a licensed acupuncturist. Please note that you may decline palpation, needling, or any other form of touch at any time, for any reason, and are under no obligation or pressure to engage in any aspect or form of diagnosis or treatment, even if you have previously given consent to do so.

Referral and Refusal of Services

I may decline to provide services at any time, at my discretion. Reasons for refusal of services include but are not limited to: abusive or offensive language or behavior; unpaid fees; repeated cancellation or tardiness; intoxication.

Fees

Fees will be charged as appropriate to services provided, including but not limited to evaluation and management, acupuncture, psychological services, and behavioral health procedures.

Contact

You are welcome to contact the Spring Wind Acupuncture office (907-440-8660 or springwindacup@gmail.com) at any time. For scheduling, billing, and other administrative needs, staff generally return calls within one business day. For clinical questions, I do my best to return calls in that time frame but may sometimes take longer. I am not available for urgent calls or for medical or psychological emergencies; should you have such a need, please go to a hospital emergency room or call 911.

By signing below, you acknowledge that you understand and agree to the above, and that:

- You consent to receive treatment from me, with knowledge of the above, as appropriate within my scopes of practice as a licensed acupuncturist and licensed psychologist, and as indicated based on my clinical judgment.
- If you experience any changes in your medical or psychological condition, health status, prescription medications, or herb/supplement regimen, or if you experience discomfort or a negative treatment effect of any kind, you will inform me as soon as possible and seek urgent medical or psychiatric attention if appropriate.
- If you are pregnant, think you may be pregnant, or are attempting to become pregnant, you will inform me at earliest opportunity so that I can adjust any treatment appropriately.

Name

Signature

Date