

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; should you desire further details regarding my education, training, experience, and credentials, please feel free to inquire.

Treatment

You are entering treatment with me as both a licensed acupuncturist and a licensed psychologist. Your treatment may include psychotherapy, psychological assessment, health psychology, and other psychological services, acupuncture, herbal medicine, gemstone medicine, *tui na*/massage, cupping, moxibustion, nutritional and lifestyle counseling, *qigong* instruction, external *qigong*, liniment/heat therapy, and/or other forms of treatment within my scopes of practice. Specific modalities of treatment as well as treatment length and format can vary, and will be determined based on your needs and inclinations as well as my clinical judgment; this is a collaborative process which is always open for discussion.

Efficacy

My approach incorporates theories and techniques from the many perspectives within the broad field of psychology and the rich and varied tradition of Chinese medicine, including alternative orientations (e.g., transpersonal and energy psychology) and esoteric lineages (e.g., spiritual, energetic, and intuitive approaches to diagnosis and treatment), and is not evidence-based; results vary for each individual, and I do not make claims nor guarantees regarding treatment outcome or effectiveness.

Risk

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 uncomfortable experiences. Symptoms may worsen, and you may experience disruption of life areas including but not limited to work and relationships.

Boundaries and Touch

With some limited exceptions, psychological services generally do not include physical touch. However, Chinese medicine utilizes touch for a variety of reasons—including palpation of affected areas of the body for diagnostic purposes, taking the pulse, massage and application of liniments, needle insertion, and other aspects of diagnosis and treatment. Therefore, if you elect to engage in a treatment approach incorporating clinical psychology and Chinese medicine, it will involve physical touch within my scope of practice as a licensed acupuncturist—including but not limited to palpation, needling, and massage, as clinically indicated.

At the same time, touch can be a complex area; in your healing process, your relationship to your physical, psychological, and energetic boundaries is very important, and a variety of related considerations can arise during the course of an integrative treatment. Therefore, should you feel uncomfortable with any aspect of diagnosis or treatment—even if you're not sure why—please do not hesitate to let me know so that we can pause, discuss options, and address any concerns. 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; you may decline any form or aspect of treatment at any time. Should you have questions about any aspect of my approach at any time, please ask.

Fees/Insurance

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

As a courtesy, I offer direct billing of health insurance through Eagle River Medical Billing, LLC. If you would like to utilize your health insurance to pay for your treatment with me, we will be happy to contact your carrier to review

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your benefits and the extent of any coverage you may have for acupuncture/Chinese medicine services and/or psychological services, including session limits, deductibles, and copayments; however, it is ultimately your responsibility to familiarize yourself with the parameters of your policy and any coverage limits. All copayments and deductibles are due at the time of service. You are responsible for all fees, regardless of the status or ultimate result of any insurance claim or other third-party payment process, including any denied claims, partial payments, non-covered charges, or other fees or payments not reimbursed by your carrier for any reason. Neither I nor Eagle River Medical Billing, LLC, are responsible for the outcome of any insurance claim, and if claims are denied it may not be possible to revise and/or re-submit them to your carrier. If you elect to utilize health insurance coverage or other forms of third-party payment, please note that this requires me to provide diagnostic and treatment information to your carrier, and may allow them to have significant access to your medical records; I am not responsible for any misuse of your protected health information by other parties

If you are not utilizing health insurance billing, unless other arrangements are made in advance, all fees are due at the time of service. A \$50 fee will be charged for returned checks.

Fees for herbs and other nutritional supplements are billed separately; these fees are generally not eligible for health insurance reimbursement.

Cancellation Policy

24 hours notice is required for cancellation of appointments. Should you miss a scheduled appointment without notice, or should you need to cancel an appointment with less than 24 hours notice, you may be charged a fee of up to \$225. Please note that fees for missed appointments are not covered by health insurance or other third party payers; it is not possible to submit claims for reimbursement for missed sessions. Should you arrive late for your appointment, your session duration will be shortened accordingly; however, you remain responsible for the full fee for that appointment. As above, you may decline services in whole or in part, and/or may end a session at any time, for any reason; however, you remain responsible for the full fee for your scheduled appointment.

Referral and Refusal of Services

Although it would be unusual for me to refuse services, I may do so at any time, at my discretion. Reasons for refusal of services include but are not limited to: abusive language or behavior; unpaid fees; repeated cancellation, non-attendance, or tardiness for appointments; intoxication. In addition, should I determine that your concerns warrant other forms of healthcare, I may refer you to such care instead of or in addition to treatment with me.

Contact

You are welcome to contact me by phone at any time. If I am not immediately available, I will return your call as soon as possible. However, I am not available on an urgent basis; in the event of a medical, psychological, or other emergency, please seek urgent services as appropriate, including calling 911 or going to a hospital emergency room. I do not provide detailed information, consultation, or other clinical services via email; however, I can be reached by email for scheduling or other logistical purposes. I am not available by text or other forms of messaging.

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 relevant, you allow me to release limited information about you to outside vendors for purposes of purchase, prescription, and/or preparation of herbal formulas and other related services.
- You understand and agree that your protected health information will be accessible to office personnel, medical billing services, and others retained by me for administrative duties related to operation of my practice;
- 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, whether during or after an appointment with me, you will inform me as soon as possible and seek urgent medical 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