Gateway Acupuncture & Alchemy

Informed Consent, Notice of Privacy Practices & Health History

This form is reviewed and signed in person and kept on file. Please read it carefully and ask any questions before signing. Diego Garcia, L.Ac., 3636 5th Ave, Suite 101, San Diego, CA 92103 · info@gatewayacu.com · (619) 289-9336

Informed Consent for Acupuncture & Chinese Medicine Treatment

I hereby request and consent to the performance of acupuncture and other Chinese medicine procedures on me (or on the patient named below, for whom I am legally responsible) by Diego Garcia, Licensed Acupuncturist, and any other licensed acupuncturists who now or in the future treat patients at Gateway Acupuncture & Alchemy.

What is acupuncture?

Acupuncture is a comprehensive system of health care practiced for over 3,000 years. The acupuncturist inserts very fine, sterile, single-use needles at specific points on the body to activate the acupuncture channels and invite a therapeutic benefit. Other procedures that may be used include, but are not limited to: moxibustion (warming with the mugwort herb on or near the skin), infrared light and heat, cupping (applying cups to create suction), gua sha (a scraping technique), tui na (Chinese medical massage), dietary and lifestyle counseling, breathing and meditation exercises, and Chinese herbal medicine.

Potential risks & side effects

Acupuncture is generally a very safe method of treatment, but it may carry some risks and side effects, including but not limited to:

- Minor bruising, bleeding, or soreness at needle insertion sites
- Temporary aggravation of symptoms
- Dizziness, fainting, or nausea
- Nerve irritation or temporary numbness from needle insertion
- Infection at a needle site (extremely rare with sterile, single-use needles)
- Pneumothorax, or collapsed lung (extremely rare)
- Burns, blisters, or scarring from moxibustion or cupping
- Bruising or skin discoloration from cupping or gua sha
- A stuck needle (rarely, a needle may be difficult to remove)
- A broken needle (extremely rare with modern needles)
- Emotional release or temporary mood changes

I understand that while acupuncture has been found effective for many conditions, there is no guarantee regarding its use or effectiveness, and that individual results may vary. I do not expect the acupuncturist to anticipate and explain every possible risk or complication, and I rely on the acupuncturist to exercise judgment during treatment that, based on the facts then known, is believed to be in my best interest.

Notice to pregnant persons

All patients must alert the practitioner if they know or suspect they are pregnant. If I am pregnant or become pregnant while under care, I will inform my acupuncturist immediately.

Chinese herbal medicine & supplements

I understand that Chinese herbs or nutritional supplements may be recommended as part of my treatment. I will notify my practitioner if I am pregnant, nursing, taking pharmaceutical medications, or have any allergies or sensitivities. I understand that some herbs may be inappropriate with certain medical conditions or medications, and that I should keep my practitioner informed of any changes to my health or medications.

Dietary & lifestyle recommendations

I understand that my practitioner may make dietary and lifestyle recommendations as part of a comprehensive plan, that I am not required to follow them, and that following them may improve my outcomes. These recommendations do not replace medical advice from my physician. I will advise my practitioner of any adverse effects and will stop any recommendation that poses a risk to my health.

Alternative treatments available

I understand that I may seek care from a physician, surgeon, chiropractor, physical therapist, or other licensed health care provider. I understand that acupuncture and Chinese medicine are complementary and alternative modalities and are not substitutes for medical care, diagnosis, or treatment.

Scope of practice & practitioner qualifications

I understand that although licensed acupuncturists are designated primary care providers in California, they do not perform comprehensive physical examinations, diagnose disease in the biomedical sense, or prescribe pharmaceutical medications. My acupuncturist provides diagnosis and treatment within the scope of Chinese medicine and may recommend that I consult a physician or other provider for diagnosis or management of my condition. Diego Garcia holds a Master of Acupuncture and Oriental Medicine degree and is licensed by the California Acupuncture Board.

Disclosure of medical information

I understand that it is my responsibility to provide complete and accurate information about my current health, medications, supplements, medical history, and any treatment I

am receiving from other providers, and that withholding information may compromise the safety and effectiveness of my care. I agree to promptly inform my acupuncturist of any changes.

Patient rights & responsibilities

I understand that I have the right to:

- Ask questions about my treatment, the procedures, or the risks at any time
- Refuse any treatment, procedure, or recommendation
- Request the removal of needles at any time during treatment
- Discontinue treatment at any time without penalty
- Request a copy of my medical records in accordance with California law
- File a complaint with the California Acupuncture Board if I have concerns about my care

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Notice of Privacy Practices (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Legal duty to safeguard your Protected Health Information (PHI). By law I am required to keep your PHI private. PHI is information, created or noted by me, that can be used to identify you. I am required to provide you with this Notice of my privacy practices. I reserve the right to change the terms of this Notice and my privacy policies at any time; any changes will apply to PHI already on file.

II. How I will use and disclose your PHI. I will use and disclose your PHI for treatment, payment, and health care operations:

- For treatment: I may disclose your PHI to physicians, psychologists, and other licensed providers involved in your care.
- For payment: I may use and disclose your PHI to bill and collect payment for the services I provide (for example, sending PHI to your insurance company).
- To avoid harm: I may disclose PHI to law enforcement or to persons able to prevent or lessen a serious threat to the health or safety of a person or the public.
- As required by law: including mandated reporting under California's Child Abuse and Neglect Reporting law and Elder and Dependent Adult Abuse Reporting law.

III. Your rights regarding your PHI. You have the right to: see and get copies of your PHI; request limits on uses and disclosures; get a list of certain disclosures I have made; and request an amendment to your PHI.

Acknowledgment. I acknowledge that I have been provided with and have reviewed Gateway Acupuncture & Alchemy's Notice of Privacy Practices, which describes how my

medical information may be used and disclosed and how I can access it. I understand that I have the right to request restrictions on certain uses and disclosures of my PHI.

Technology & Telehealth Consent

1. Communicating by text or email. To communicate with you by email or text, I want you to be aware of the confidentiality issues involved. Most email is unsecured; while the risk of misdirected or intercepted email is small, it exists. In my practice I use HIPAA-compliant email and storage, and my work phones and computers are locked. Even so, there is a residual risk that email or SMS messages could be read by others, so I advise against sending sensitive information (symptoms, conditions, treatment, Social Security numbers, or card information) by email or text. By signing, I give permission for Diego Garcia and anyone officially affiliated with Gateway Acupuncture & Alchemy to send me email and text messages, and I agree the practice is not liable for a breach of confidentiality resulting from this use of email or text. I understand email and text should not be used for urgent or sensitive matters, and that if I do not receive a reply to a routine message within two working days I should call.

2. Electronic platforms. I use secure, HIPAA-compliant Electronic Medical Record and storage systems with encrypted backups, and may use electronic-signature and secure payment apps. Please be aware that no online or paper storage can ever be 100 percent secure.

3. Telehealth sessions. I may offer telehealth sessions by secure, HIPAA-compliant video or phone. The benefits are similar to in-person care, with a few added risks, including possible breaches of confidentiality and disruption from technical difficulties. Telehealth is billed like in-person care and the cancellation policy applies. I will not record a session without your written permission. Please ensure your device and connection are adequate and your space is private, safe, and free of distractions.

Confidentiality

Most of what is discussed in treatment is confidential. However, as a mandated reporter, there are situations in which I may be required to share information:

- **Physical danger:** if you seriously threaten harm to another person, I may be required to warn that person and report to police; if you seriously threaten to harm yourself, I may call for further evaluation (PERT or police) or contact your emergency contact; and in a medical emergency where your life is in danger.
- **Abuse:** if I believe or suspect that you or anyone else is abusing a child, a person over 65, or a dependent adult, I must file a report with the appropriate state agency.
- **Legal proceedings:** I may assert privilege on your behalf, but a court order from a judge may require me to testify.

- **Insurance:** if you use insurance, I may be required to share your diagnosis, dates of service, and sometimes treatment notes with the insurer to obtain payment.
- **Consultation:** I may occasionally consult with other health professionals to ensure the best care, making every effort to avoid revealing your identity.

Consent to Treatment

By signing below, I acknowledge that I have read and understand all of the statements above. I have had the opportunity to ask questions about my treatment and the risks and benefits, and my questions have been answered to my satisfaction. I hereby consent to acupuncture and other Chinese medicine procedures as deemed appropriate by my licensed acupuncturist. I understand this consent remains in effect for all future visits unless I revoke it in writing.

Patient Name (Print): _____

Patient Signature: _____ Date: _____

For patients under 18 years of age:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Patient: _____

Card on File

A card on file is required by your first appointment. Your card is captured and stored securely through our booking system (Breely), which tokenizes the card so the clinic never stores your full card number. Appointments are paid in full at booking, and the card on file may be used for any balance owed under the Clinic Policies. *(Please do not write full card numbers on this form.)*

Health History Intake

Client Name: _____ Date of Birth: _____

Emergency Contact: _____

Emergency Contact Phone: _____ Relationship: _____

Allergies: _____

Please describe the reason that has brought you to see me:

When did you first notice this?

Have you had acupuncture before? ☐ Yes ☐ No

Is there anything else you want me to know?

Please describe present or past health conditions I should be aware of:

Safety screening (check all that apply):

- ☐ Do you have a blood clotting disorder, or are you taking any blood thinners?
- ☐ Are you prone to dizziness or fainting?
- ☐ Are you pregnant or planning to become pregnant?
- ☐ Do you have a pacemaker, other implants, or medical devices?
- ☐ Do you have a history of seizure or epilepsy?
- ☐ None of the above

List any surgeries you have had:

Major hospitalizations, surgeries, or traumatic injuries/accidents:

Please list all medications and dosages taken in the last 6 months or currently:

Please review the side effects of each medication you take at www.drugs.com.

Currently, or in the last 6 months on average, how often do you consume the following?

Coffee or caffeine

Chocolate

Spicy foods

Onions or garlic
Foods with added sugar
Alcohol
Highly processed foods
Fried foods
Restaurant / take-out
Soup, stew & porridge
Red meat
Grains (rice, etc.)

What is your average diet like?

How is your sleep?

How is your emotional health and stress level?

Do you have daily, healthy bowel movements?
