ATLAS ACUPUNCTURE

Acupuncture Informed Consent

I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or on the patient named below, for whom I am legally responsible) by the acupuncturist named below. I understand the methods of treatment may include, but are not limited to, acupuncture, acupressure, moxibustion, cupping, Tui-Na (Chinese massage), Chinese herbal medicine, and nutritional counseling.

I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. I understand that I should not move while the needles are being inserted, retained, or removed. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the acupuncturist below uses sterile disposable needles and maintains a clean and safe environment. Burns and/or scarring are a potential risk of moxibustion. I understand that while this document describes the major risks of treatment other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, mineral, and animal sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be inappropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I will immediately notify the acupuncturist of any unanticipated or unpleasant effects associated with the consumption of the herbs. I will notify the acupuncturist who is caring for me if I am or become pregnant.

I do not expect the acupuncturist to anticipate and explain all risks and complications of treatment, and I wish to rely on the acupuncturist to exercise judgment during the course of treatment which the acupuncturist thinks at the time, based upon the facts then known, is in my best interest. I understand that results are not guaranteed. I understand the office medical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient's Name: _____

Patient's Signature: _____ Date Signed: _____

To be completed by the patient's representative:

Print Name of Patient: _____

Print Name of Patient Representative: _____

Signature of Patient Representative: _____

Relationship or Authority of Patient: _____

Name of Acupuncturist: **MONTANA BURNS, D.A.C.M, Dipl.OM., L.Ac.**

ATLAS ACUPUNCTURE

Vermont Mandatory Disclosure Statement

ATLAS ACUPUNCTURE, LLC

Montana Burns, D.A.C.M., Dipl.OM, L.Ac.
Licensed Acupuncturist and Chinese Herbalist

57 Howard Street
Phone: 802.660.9800

Burlington, VT 05401
Website: www.AtlasAcupunctureVT.com

Practitioner Education, Certification, and Experience:

Dr. Montana Burns, B.S., M.S.O.M., D.A.C.M., Dipl.OM., L.Ac. earned her Bachelor of Science in Bio-Behavioral Psychology with a pre-medical concentration from University of Vermont in 2009 and a Master of Science in Oriental Medicine from Southwest Acupuncture College, Boulder, CO in 2013. She completed this four-year program consisting of 3,200 hours of education including over 800 hours in clinical practice in an accelerated format of three years. Her NCCAOM Diplomate in Oriental Medicine was issued in January 2014. This includes certification in Clean Needle Technique and Chinese Herbology. Montana moved to Burlington, VT in 2014 and began practicing acupuncture. She earned a transitional Doctorate in Acupuncture and Chinese Medicine in December of 2019 from Pacific College of Oriental Medicine in San Diego, CA. Montana's training includes adjunctive therapies such as moxibustion, tuina, acupressure, cupping, auriculotherapy, dietary and lifestyle recommendations. Montana is a member of the American Association of Oriental Medicine. She is a Vermont Licensed Acupuncturist #091.0100355. None of these licenses, certificates, or registrations has ever been suspended or revoked. This clinic complies with the rules and regulations put forth by the Vermont Department of Health, including the proper cleaning and sterilization of needles and the sanitation of acupuncture offices. Only single-use, disposable, factory sterilized needles are utilized.

Clinic Fee Schedule:

Initial Consultation and Treatment	Payment at the time of service $150 + cost of herbs (optional)
Follow-up Treatment	Payment at the time of service $100 + cost of herbs (optional)
Herbal Consultation Only	$75 + cost of herbs
Note: Granular herbs cost 50 cents/gram. On average herbs cost	$10-20/week.

Patient's Rights:

The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. The patient may seek a second opinion from another healthcare professional or may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registration in the Department of Regulatory Agencies. The practice of Acupuncture is regulated by the Office of Professional Regulation under the Vermont Secretary of State. If you have comments, questions, or complaints, please contact the Board: Telephone (802) 828-1501.

Insurance:

Montana is no longer a credentialed provider with either Cigna or Blue Cross Blue Shield of Vermont. If you have acupuncture benefits, Montana will not be an “in-network” provider. She will not bill insurance companies for any visits. Currently, Medicaid and Medicare do not cover acupuncture treatment from acupuncturists. Full payment for treatment is required to be paid at time of service. Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We will not engage with insurance companies or other persons on your behalf. If you wish to find a provider in network with your insurance companies, we would be happy to provide you a referral list.

24 Hour Cancellation Policy:

If your appointment is cancelled in less than 24 hours in advance, our policy is to charge $50 for a follow up appointment or $75 for an initial appointment. If you are running more than 15 minutes late for your appointment, we will not be able to treat you in the allotted time, and you may be charged the cancellation fee. If late cancellations or no-shows happen more than twice, you may be dismissed from the practice, and we can refer you to another provider. Your treatments will be more effective if you follow your doctor’s guidelines and stick to your treatment schedule. Please help us to serve you better by keeping scheduled appointments. Our main priority is your health and well-being. Notifying us of the need to reschedule an appointment gives someone else the opportunity to be seen.

I have read and understood this document.

Signature Acknowledging the Disclosure Statement:

_____ Patient or Guardian's Signature Date _____

_____ Practitioner’s Signature Date _____

ATLAS ACUPUNCTURE

New Patient Intake

Patient Name: Date:

Address:

Phone: ( )
Email:
Emergency Contact: Relationship: Phone: ( )

Date of Birth: Referral:

Marital Status: Occupation:

HISTORY OF CHIEF COMPLAINT:

REVIEW OF SYMPTOMS:

ANY OTHER COMPLAINTS:

SURGERIES/HOSPITALIZATIONS:

FAMILY HISTORY:

SOCIAL HISTORY: coffee: smoking: alcohol:

ALLERGIES/ADVERSE REACTIONS:

CURRENT MEDICATIONS:

ANY ADDITIONAL PERTINENT INFORMATION: