

### PRIVACY POLICY:

All information divulged on the intake questionnaire or during the course of your treatments is privileged and kept strictly confidential in accordance with the Board of Medical Examiners and HIPAA guidelines. By signing below, I indicate that I have also read the Notice of Privacy Policy as provided by the office of Matthew P. Sieradski, L.Ac.

### DESCRIPTION OF THERAPEUTIC MODALITIES:

**Acupuncture** entails the insertion of needles that are sterile, single-use, very fine, and solid (unlike a syringe) into specific locations (acupoints) along the body to a depth that averages around 1/8 to 1/4 inch, but varies from very superficial (less than 1 mm) to deeper (1 or more inches). Acupuncture sometimes entails a momentary pricking sensation, which ceases once the skin has been breached. After insertion, a dull, achy sensation is often elicited through manipulation of the needle – this indicates the activation of the patient’s qi. Occasionally, **electro-acupuncture** will also be employed, usually in the case of stubborn pain conditions. This entails the use of small voltage current between two or more needles, most commonly producing a small buzzing or tickling sensation.

Often acupuncture is combined with **heat therapy**, most commonly the use of an infrared emitting lamp that deeply penetrates the body’s tissues to promote circulation and healing. Also, **moxibustion**, the burning of small amounts of the herb mugwort, (*artemisia vulgaris*) on or near the skin may be recommended.

**Cupping** is the placing of glass suction cups on the skin, and is used to draw out toxins from the deeper tissues into the bloodstream where they can be properly eliminated. It effectively and efficiently increases qi and blood circulation locally and can result in reddening or bruising of the skin.

**Chinese Massage**, or *tuina*, is similar to Western therapeutic massage but emphasizes balancing the circulation of qi and utilizes unique techniques and tools. It is employed for specific conditions of musculoskeletal imbalance as a complement to acupuncture.

**Herbal Medicine** employs specially formulated decoctions (teas), powders, and pills – composed of plant, mineral, and animal substances. Herbal decoctions are usually the strongest smelling and/or tasting, and are the most effective form of administration. Powders and pills are simpler to prepare and often useful for chronic ailments that require long-term therapy. A branch of herbal medicine treats external problems such as injuries and skin ailments using pastes, plasters, and liniments. I have over 220 bulk herbs in my pharmacy.

**Diet Therapy** involves restrictions and additions to the patient’s daily food intake. Chinese diet therapy employs an understanding of how various types of foods are helpful or harmful for different constitutions and health conditions.

### INFORMED CONSENT TO TREATMENT:

I understand that any of the above therapeutic modalities may be recommended to me by Matthew P. Sieradski, a Licensed Acupuncturist in the state of Oregon. Furthermore, by signing below, I voluntarily consent to be treated by Mr. Sieradski by one or more of the above therapies, as they fall under the scope of his licensure. I also understand that acupuncture and the above modalities of health care are generally safe, but do carry a small risk of side effects including, but not limited to, bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Burns are a possible side effect of moxibustion. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue. I understand that other side effects may occur. I will notify Matthew P. Sieradski if I am or become pregnant or if I have any questions or concerns regarding any of these treatments at any time.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment and description of therapeutic modalities, have been told about the risks and benefits of acupuncture and the other procedures, and have had an opportunity to ask questions. I have also read the Notice of Privacy Practices and understand a copy is available upon request. 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.

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Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name