



Integrative Hospital Associates

4711-A North Dixie Hwy. * Fort Lauderdale, FL * 33334

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Consent and Release of Liability

Thank you for choosing the Integrative Hospital Associates, LLC for your Acupuncture and Oriental Medicine needs. In order to facilitate your request, it is important that you read and understand the following conditions:

You hereby request and consent to receiving acupuncture treatments and other related procedures including but not limited to acupuncture, moxibustion, cupping, electrical stimulation (including electroacupuncture), Tui-Na (Oriental manual therapy), heat/cold, biopuncture, nutrition, natural medicine, and lifestyle counseling (collectively "Acupuncture & Oriental Medicine").

You are required to advise your acupuncture physician of any medical conditions, including pregnancy, which may prevent you from receiving Acupuncture & Oriental Medicine.

You are required to inform the acupuncture physician if at any time during your Acupuncture & Oriental Medicine treatment you experience any pain or discomfort.

You have been advised of the possible benefits of receiving Acupuncture & Oriental Medicine including, but not limited, to pain management, reduced severity of certain symptoms, and treatment of certain conditions. You have also been advised of the possible risks associated with Acupuncture & Oriental Medicine including, but not limited to, bruising, numbness or tingling near the needling sites which may last a few days, infection, dizziness, fainting, spontaneous miscarriage, nerve damage and organ puncture, burns, scarring, and pneumothorax.

Integrative Hospital Associates, LLC reserves the right to terminate or refuse its services for inappropriate behaviors.

This is an elective service. Integrative Hospital Associates, LLC will not file insurance claims on your behalf for this service unless we are a participating provider for your insurance plan. You are required to pay for this service by cash, check or credit card prior to receiving the Acupuncture & Oriental Medicine treatment. You may independently submit claim to your insurance carrier for reimbursement if you choose to do so for plans that we do not accept. Our office will provide you with the necessary documentation.

You are advised that all records pertaining to your Acupuncture & Oriental Medicine treatment will be kept confidential and will not be released by Integrative Hospital Associates, LLC without your written consent, unless otherwise required by law.

Except for negligent or intentional acts or omissions of Integrative Hospital Associates, LLC, you on behalf of yourself, your successors, heirs and assigns hereby release Integrative Hospital Associates, LLC, and Scott Denny, PhD, AP, DOM, and their related entities, and the trustees, directors, officers, employees, medical staff members, agents or contractors, of each, in their personal or representative capacities, of and from any and all liability for any claims or demands for harm, damages, judgments, verdicts, settlements, or otherwise, arising from any injury or damage resulting from the Acupuncture and Oriental Medicine treatment.

Patient's Signature

Date

Print Name

Acupuncture Physician's Signature

Release of Liability