



## Informed Consent for Facial Rejuvenation Acupuncture

### Introduction

A facial acupuncture treatment involves the insertion of acupuncture needles into fine lines and wrinkles on the face and neck in order to reduce the visible signs of aging. In Oriental medicine, the meridians or pathways of Qi (energy) flow throughout the entire body from the soles of the feet up to the face and head; consequently, a facial acupuncture treatment addresses the entire body constitutionally, and is not merely “cosmetic.”

Facial acupuncture involves the patient in an organic and gradual process that is customized for each individual. It is no way analogous to, or a substitute for, a surgical “face lift.” A treatment session may confine itself solely to facial acupuncture, or it may be used in conjunction with other Traditional Chinese Medicine treatments.

### Benefits

Facial rejuvenation acupuncture can increase facial tone, decrease puffiness around the eyes, as well as bring more firmness to sagging skin, enhance the radiance of the complexion and flesh out sunken areas. Customarily, fine wrinkles will disappear and deeper ones will be reduced. As this treatment is not merely confined to the face, but incorporates the entire body and constitutional issues of health.

### Risks of Facial Rejuvenation Acupuncture

Every procedure involves a certain amount of risk and it is important that you understand the risks involved with facial rejuvenation acupuncture. An individual’s choice to undergo facial rejuvenation acupuncture is based upon the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your acupuncturist to make sure you understand the risks, potential complications, and consequences of facial rejuvenation acupuncture.

- **Bleeding:** It is possible, though very unusual, that you may have problems with bleeding during facial acupuncture. Should post-acupuncture bleeding occur, it will usually only consist of a few drops. Accumulations of blood under the skin may cause a bruise (hematoma) that will resolve itself.

**Infection:** Infection is extremely unusual after facial acupuncture. Should an infection occur, additional treatment may be necessary.

- **Damage to Deeper Structures:** Deeper structures such as blood vessels and muscles are rarely damaged during the course of facial rejuvenation acupuncture treatment. If this does occur, the injury may be temporary or permanent.

- **Asymmetry:** The human face is normally asymmetrical. Thus, there can be a variation from one side to the other in the results attained from a facial acupuncture treatment.

- **Bruising and Puffiness:** There is a possibility of bruising (hematoma), puffiness, blood, tingling, itching, warmth, pain or other symptoms at the site of the needle.

- **Nerve Injury:** Injuries to the motor or sensory nerves rarely result from facial acupuncture treatments. Nerve injuries may cause temporary or permanent loss of facial movements and feeling. Such injuries may improve over time. Injury to sensory nerves of the face, neck and ear regions may cause temporary or more rarely permanent numbness. Painful nerve scarring is very rare.

- **Needle Shock:** Needle shock is a rare complication after a facial acupuncture treatment.

- **Unsatisfactory Result:** There is the possibility of a poor result from facial rejuvenation acupuncture. You may be disappointed with the results.

- **Allergic Reactions:** In rare cases, local allergies to topical preparations have been reported. Allergic reactions may require additional treatment.

- **Delayed Healing:** Delayed wound healing or wound disruption is a rare complication experienced by patients in the aftermath of facial acupuncture. There is a greater risk for smokers, who frequently have dry, sagging skin, which does not heal as readily as that of non-smokers.

**Long Term Effects**

Subsequent alterations in facial appearance may occur as the result of the normal process of aging, weight loss or gain, sun exposure, or other circumstances not related to facial rejuvenation acupuncture. Facial acupuncture does not arrest the aging process or produce permanent tightening of the face and neck. Future facial acupuncture maintenance treatments, or other treatments, may be necessary to maintain the results of facial rejuvenation acupuncture.

**Health Insurance**

Most health insurance companies exclude coverage for facial acupuncture and/or any complications that might occur from facial acupuncture. Please carefully review your health insurance subscriber information pamphlet. We do not bill insurance companies for you and payment is due at the time of service. After your visit, we will give you a receipt containing the appropriate codes that your insurance company would need if they will reimburse you directly according to your health insurance policy.

**Additional Care Necessary**

There are many variable conditions in addition to risk and potential complications that may influence the long term result from facial acupuncture treatments. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with facial rejuvenation acupuncture treatment. Other complications and risks can occur but are even more uncommon. Should complications occur, other treatments may be necessary. The practice of acupuncture is not an exact science. Although good results are expected, there is no guarantee or warranty, either expressed or implied, on the results that may be obtained.

**Financial Responsibilities**

The cost of facial rejuvenation acupuncture involves several charges for the services provided. The total includes fees charged by your acupuncturist, the cost of acupuncture supplies, and topical preparations. All payment is due at the time services are rendered.

**Disclaimer**

Informed consent documents are used to communicate information about the proposed procedure along with disclosure of risks and alternative forms of treatment(s). The informed consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances. However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your acupuncturist may provide you with additional or different information which is based upon all the facts in your particular case and the present state of knowledge within the field of acupuncture. Informed consent documents are not intended to define or serve as the standard of acupuncture. Standards of acupuncture are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve. It is important that you read the above information carefully and have all of your questions answered before signing the following consent.

**CONSENT FOR FACIAL ACUPUNCTURE PROCEDURE OR TREATMENT**

1. I hereby authorize licensed acupuncturists and such assistants of Acupuncture Wellness Center, LLC as may be selected to perform facial rejuvenation acupuncture. I have received the INFORMED CONSENT FOR FACIAL REJUVENATION ACUPUNCTURE.

2. I recognize that during the course of the facial rejuvenation acupuncture treatment, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the acupuncturists and assistants or designees of Acton Wellness Center to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my acupuncturist at the time the procedure is begun.

3. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

4. I authorize the release of my Social Security Number to appropriate agencies for legal reporting and medical device registration, if applicable.

- 5. It has been explained to me in a way that I understand:
  - a. The above treatment or exposure to be undertaken
  - b. There may be alternative procedures or methods of treatment
  - c. There are risks to the procedure or treatment proposed

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-5). I AM SATISFIED WITH THE EXPLANATION.

Patient's Name (Printed)	Patient's Signature	Date

Representative's Name (Printed)	Representative's Name Signature	Date