INFORMED CONSENT FOR ACUPUNCTURE TREATMENT

I voluntarily consent to receive acupuncture treatment provided by a California licensed acupuncturist employed with the Community Acupuncture Recovery Association (C.A.R.A).

The purpose of acupuncture is to assist with recovery from chemical dependency by reducing my feelings of stress by increasing feelings of well-being.

I release the Sacramento County Drug Court Treatment Program from any responsibility regarding these treatments.

I understand that sterile, disposable needles will be used on me, to protect me from communicable diseases. I accept responsibility for discarding all my acupuncture needles in a medical waste container provided by the acupuncturist. As a safety precaution, I agree to handle only the needles used on me.

Occasionally acupuncture may cause local bruising, slight bleeding, temporary discomfort, headaches or fainting.

I agree to help keep the acupuncture room quiet, including turning off any personal electronic equipment such as pagers and cellular telephones.

__________________________________________  ________________
Client Signature                                 Date

__________________________________________  ________________
Treatment Coordinator Signature                Date