

**V. Vay-chee Cheng, Licensed Acupuncturist  
Informed Consent**

In accordance with WACA 246-82-120, we bring the following to your attention:

**Practitioner's Qualifications:**

Victoria Vay-chee Cheng, East Asian Medicine Practitioner. Seattle Institute of Oriental Medicine, MA Acupuncture and Oriental Medicine, 1997. WA DOH, #[AC00000418](#), 1997.  
Massage Therapy, Brian Utting School of Massage 1992 [MA00006336](#)  
Bachelor of Science in Nursing, Seattle University 1978 [RN00064329](#)

**Scope of Practice:** The scope of practice for an acupuncturist in the state of Washington includes but is not limited to, the following:

1. Use of acupuncture needles to stimulate meridians and specific acupuncture points. Only sterile disposable needles are used.
2. Use of electrical, mechanical or magnetic devices to stimulate meridians and points.
3. Moxibustion: (or "moxa") using the heat from a burning herbal substance to treat a point. Moxa is sometimes used indirectly near the skin, sometimes directly, on the skin.
4. Acupressure: treating points or meridians with hands-on techniques, including shiatsu and tui-na.
5. Cupping: treatment by glass cup placed on the skin with a vacuum created by heat.
6. Dermal friction: ("gua sha") rubbing an area with a blunt, round instrument.
7. Dietary advice based on traditional Chinese theory. This includes herbal mixes in the form of pills, powders, tinctures, or raw herbs that need to be cooked. Herbal preparations may be suggested for external use also.
8. Sonopuncture.
9. Laserpuncture.
10. Infra-Red. This includes heat lamp therapy.
11. Point injection therapy.

There are risks involved with acupuncture therapy, which occur in a small percentage of patients. These include but are not limited to: temporary aggravation on symptoms; pain following treatment in insertion area; minor bruising; infection; broken needle; and "needle sickness" (dizziness, nausea or loss of consciousness following needle insertion, as some individuals experience when they have blood draws).

**If you have a severe bleeding disorders, are taking a blood thinner, have a pace makers, or are pregnant patients, make that known *before* any treatment.**

I, \_\_\_\_\_, have read, and understand, the above information. I voluntarily authorize Vay-chee Cheng to perform the above procedures. I have discussed with her my concerns about the techniques to be used. I voluntarily consent to the above procedure, realizing that no guarantees have been given to me by Vay-chee Cheng regarding cure or improvement of my condition. I hereby release Vay-chee Cheng from any and all liability which may occur in connection with the above mentioned procedures, except for failure to perform the procedures with appropriate medical care. I understand that I am free to withdraw this consent and to discontinue participation in these procedures at any time.

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Signature of patient or person legally authorized to give consent

Date

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Signature of witness if patient is under 18

Date

# Acupuncture in Seattle with Vay-chee

## NOTICE OF PRIVACY PRACTICES - ACKNOWLEDGEMENT

This form will be retained in your medical record

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting your practitioner.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used or disclosed, and how you can access your information.

**By my signature below, I acknowledge receipt of the Notice of Privacy Practices.**

\_\_\_\_\_  
Patient or legally authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of the patient Relationship (parent, legal guardian, representative)

## Acupuncture in Seattle with Vay-chee

206-850-8138

**Acupuncture in Seattle with Vay-chee** will provide treatments as out-of-network practitioners for companies with whom we aren't currently credentialed. At the end of each treatment, per your request, we will give you with a receipt for services rendered which you can submit to your insurance company for reimbursement.

**Acupuncture in Seattle with Vay-chee** is happy to contact your insurance company to verify your policy's specific terms of coverage. Policies that do cover acupuncture or massage may only be eligible for specific diagnoses, require a prescription, and/or restricted to a limited number of visits per calendar year.

### Payments

**Acupuncture in Seattle with Vay-chee** appreciates all your co-pays made upfront at the time of service.

Unfortunately, **Acupuncture in Seattle with Vay-chee** cannot negotiate disputed claims. It is the patient's responsibility to contact their insurance company to resolve lack of payment issues. Finance charges are applied to all unpaid balances after 90 days.

If you do not have insurance coverage, or we are not yet billing your insurance company, we appreciate your payment in full at the time of service. We accept cash and checks. Senior citizens with fixed incomes may qualify for discounts, please inquire to see if you might qualify.

### Cancellation Policy/ Missed Appointments

Thank you for understanding that we have limited time slots to fill and in order to run a successful business, we find it necessary to require **24 hour notice of cancellation** in order for you to avoid being billed the full amount for the session.

I have read and agree to the terms of the financial policy.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature of patient or person legally authorized to give consent date

\_\_\_\_\_  
Signature of witness if patient is under 18