



jeanette w. moy M.S., L.Ac.

DISCLOSURE STATEMENTS

Licensing and Training

I am licensed to practice acupuncture by the State of Vermont. I am Board Certified in Oriental Medicine by the National Certification Commission for Colleges of Acupuncture and Oriental Medicine (NCCAOM). I have a degree in Master of Science in Oriental Medicine from New York College for Health Professionals. I am certified diplomat in Chinese herbology. I continue to study and train in Oriental Medicine in the United States, China, Japan and other places abroad. Patient informed of location of where this information is displayed.

Public Safety Policies

- I use disposable-sterilized needles.
- I have passed the “Clean Needle Technique” examination of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM).

Copy of Statutory Definition of Unprofessional Conduct (26 V.S.A. Section 3410)

Patient informed of location of where this information is displayed.

Process for Filing a Complaint

Patient informed of location of where this information is displayed.

Printed Name of Patient

(Date)

Signature of Clinical Staff

(Date)

CONSENT FORM FOR TREATMENT

I consent to acupuncture and Oriental medicine treatments and other procedures associated with the practice of traditional Oriental medicine provided by the clinical staff (clinical staff is Licensed Acupuncturist). I have discussed the nature and purpose of my treatment with the clinical staff.

I understand that methods of treatment may include but are not limited to: acupuncture, acupressure, herbs, moxibustion, cupping, gua sha, electrical stimulation, dietary advice and nutritional counseling, and body-work therapies such as Tui Na (Chinese Massage), Sotai, and Shiatsu.

I recognize that there are potential risks involved with acupuncture. I also recognize that while Oriental medical therapy provides the potential benefits of painless and drug-free relief of my presenting condition and prevention of recurrence, there is no implicit guarantee of a cure from this therapeutic approach.

By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment, have been told about the risks and benefits of acupuncture and other procedures, and have had the opportunity to ask questions. 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.

Date Consent Completed

Print Name of Clinical Staff

Printed Name of Patient

Signature of Clinical Staff

Signature of Patient or Representative

Print Name of Patient Representative (if applicable)