

## **Informed Consent Form For Treatment at Points of Origin, PLLC**

The Department of Health in the state of Washington requires that, “Prior to treatment, a patient must sign an informed consent form which includes notification of the scope of practice, possible side effects, and a list of the practitioner’s education and qualifications.”<sup>1</sup> This consent form is designed to meet these requirements, as well as answer other questions you may have about acupuncture, herbal medicine, and the other therapeutic modalities we provide that are within our scope of practice.

### **Scope of Practice:**

A statute was passed in the state of Washington defining the scope of practice of acupuncturists. This scope includes, but is not limited to, (a) the use of acupuncture needles to stimulate acupuncture points and meridians, (b) the use of electrical, mechanical, or magnetic devices to stimulate the acupuncture points and meridians, (c) moxibustion, (d) acupressure, (e) cupping, (f) gua sha (a Chinese technique of rubbing the skin), (g) infra-red, (h) sonopuncture, (i) laserpuncture, (j) dietary advice based on traditional Chinese medical theory, and (k) point injection therapy.

### **Possible Side Effects:**

It is important to report to the practitioner any effects you experience after receiving acupuncture or any other treatment. The most commonly reported side effect of acupuncture is a calm, relaxed feeling. Some people report a boost in their energy immediately following treatments while others feel more tranquil. Adverse side effects from acupuncture may include, but are not limited to, minor bruising, some pain at the insertion site, infection, light-headedness, fainting, broken needle, or slight bleeding. Anyone with a bleeding disorder or a pace-maker device should inform the practitioner of this prior to treatment.

In some cases, herbal supplements, or products from the Oriental materia medica may be recommended to treat specific conditions. It is important to realize that you are not required to take these substances, but if you choose to, you should follow the recommended instructions and dosages. Possible side effects from herbal preparations include, but are not limited to, feeling better, changes in bowel movements, temporary abdominal discomfort, and the possible temporary aggravation of pre-existing symptoms. If you experience any problems with which you associate taking the herbs, you should suspend taking them, and call Points of Origin, PLLC immediately to speak with a practitioner, 360-449-4500. If you get our voicemail or the receptionist, please indicate that it is “urgent” and we will get to you right away.

### **Practitioners and Education Qualifications**

#### ***Peter Hanfileti, MD, DABMA***

- Certified Diet & Lifestyle Intervention, Wellness Forum Institute for Health Studies, 2015.
- Board Certified in Medical Acupuncture by the ABMA (American Board of Medical Acupuncture).
- Full Member of the AAMA (American Academy of Medical Acupuncture).
- Certified BodyTalk™ Practitioner
- Board Certified Pediatrician since 1994.
- Pediatrician, The Vancouver Clinic, 1994-2000.
- Residency in Pediatrics, University of Michigan Medical Center, Ann Arbor, MI, 1991-1994.
- M.D., SUNY at Buffalo Medical School, Buffalo, NY, 1987-1991.
- B.A., Biology at Earlham College, Richmond, IN, 1983-1987.

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<sup>1</sup> Mitchell, Barbara B., JD, LAc, *Acupuncture and Oriental Medicine Laws* [1999 Edition], National Acupuncture Foundation, Gig Harbor, WA.

***Lisa Hanfileti, LAc, MAcOM, EAMP***

- Certified Diet & Lifestyle Intervention, Wellness Forum Institute for Health Studies, 2015.
- Licensed Acupuncturist, Master's degree in Acupuncture and Oriental Medicine, Oregon College of Oriental Medicine, Portland, OR, 1997-2000.
- Diplomate of Acupuncture, Diplomate of Oriental Medicine, Certified by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), 2000.
- Acupuncture Detoxification Specialist, Certified by the National Acupuncture Detoxification Association (NADA), 2000.
- Certified Qigong Teacher, Oregon College of Oriental Medicine, 1999.
- Certified Colorpuncturist, Institute for Esoteric Colorpuncture, San Rafael, CA, 1999.
- Assisted Reproductive Technology (ART) Laboratory Technologist, OHSU, Portland, OR, 1994-1996, Ann Arbor Reproductive Medicine, Ann Arbor, MI, 1992-1994.
- M.A., Biology (Biology, Reproductive Endocrinology), Boston University, Boston, MA, 1985-1991.
- B.A., Biology at Earlham College, Richmond, IN, 1981-1985.

The integrative care that we specialize in at Points of Origin may provide you with the opportunity to experience assessment and treatment modalities that are outside the current standard of care in the conventional medical community. The techniques we provide are often referred to as functional, biological, holistic, integrative, complementary or alternative medicine. Many of these therapies have been long practiced in other cultures, while others are emerging, innovative techniques that bring together the best thinking of medical researchers, physicians, and health care providers from around the world. Some of the treatments provided at Points of Origin may not have received formal approval by the Food and Drug Administration or other regulatory agencies for the purposes for which they are used at Points of Origin.

I understand that if I choose to receive treatment, I will do so only after I have discussed to my complete satisfaction the status, benefits, and risks of any assessment and treatment therapies provided at Points of Origin.

I further acknowledge that Points of Origin does not provide conventional medical treatment like prescription medications or surgical procedures of any kind, and I understand I must find other providers to perform such services if I require them.

NOTE: If this is for a child, age 17 or younger, please complete and sign as the legal guardian:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***I have carefully read and understand all of the above information and I choose to sign this document.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date