

# Martha Elser, DHm, LAc

## Point Acupuncture

### TERMS AND CONDITIONS OF SERVICE Admission and Medical Services Agreement

The patient or the patient's representative consents to the admission of the patient to the services of Martha Elser, DHm, LAc if this is deemed necessary for the care of the patient. All of the terms and conditions hereof shall also apply.

**1. Medical Consent:** I have read and fully understand that Martha Elser, DHm, LAc offers therapy and treatments which include acupuncture with or without needles, acupressure, nutritional counseling, herbal therapy and diagnostic tests. I hereby request and consent to treatment and therapy by licensed acupuncturists who now or in the future are working or serving as back-up in this office. I accept the full responsibility to follow up the medical advice given by Martha Elser, DHm, LAc.

I understand and am informed that in the practice of Oriental Medicine there are some risks to treatment including but not limited to bruises, pneumothorax (punctured lung), fractures and sprains. I also understand that each person responds to Oriental Medicine differently, and there is a possibility that I will not be helped by the treatment at all.

**2. Release of Information:** Martha Elser, DHm, LAc is authorized to furnish from the patient's record necessary information to the referring physician, if any, and to others to the extent required in connection with a claim for aid, insurance or medical assistance to which the patient may be entitled and has directed to be done.

**3. Medical Records:** The patient or patient's representative when specified by the patient hereby authorizes Martha Elser, DHm, LAc to obtain his/her medical records from previous medical history rendered by other physicians or medical centers.

**4. Financial Agreement:** The patient or patient's representative shall pay for medical treatment and consultation at the time the services are rendered. When this agreement is executed by the patient or patient's representative or a financial guarantor, all shall be jointly and individually liable for the patient. Should accounts be referred to an attorney or collection agency, reasonable attorney's fees and collection expenses incurred shall be payable in addition to other amounts due.

Martha Elser, DHm, LAc and the patient or patient's representative hereby enter into this agreement. The patient or the patient's representative certifies that he/she has read and accepted the above terms and is the patient or is duly authorized to make such an agreement on behalf of the patient.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Patient's Representative or Parent (if patient is a minor) \_\_\_\_\_

Relationship to patient \_\_\_\_\_