

Informed Consent

Naturopathic doctors obtain a doctorate in naturopathic medicine after graduating from an accredited naturopathic medical institution. Naturopathic doctors complete training in the study of biological sciences and conventional medical diagnosis and treatment. In addition, naturopathic doctors receive extensive training in clinical nutrition, homeopathy, botanical medicine, physical medicine and counseling. Naturopathic doctors concentrate on whole-patient wellness. Recommendations are specific to each patient and emphasize prevention and self-care. Naturopathic doctors focus on the underlying cause of the patient's illness rather than focusing solely on symptoms. Naturopathic therapies may require more time to be effective, yet often provide long-lasting health improvements.

A Naturopathic Doctor (ND) is trained as a primary care provider and is a board-certified physician in states where licensure is applicable. Dr. Serena Ma is a licensed naturopathic physician in the state of Vermont (099.0064021) and a licensed acupuncturist in the state of New York (3513). Currently licensure for naturopathic doctors is not available in New York State. Therefore, Dr. Serena Ma does not practice medicine and cannot diagnose or treat diseases or medical conditions in the state of New York. Dr. Serena Ma focuses her practice on the enhancement of health. The services at Serenity Natural Health are not meant to substitute or replace those of a licensed physician and clients seeking their consultation are advised to be under the care of a licensed NY state physician.

Acupuncture is a healing therapy, which involves inserting fine needles into specific points, along meridians, on the body. It can reestablish and unblock the flow of qi, or energy. In addition to the use of needles, the scope of acupuncture includes use of electrical, mechanical or magnetic devices to stimulate acupuncture points, moxibustion, acupressure, cupping and/or infra-red therapy.

I, the undersigned, hereby authorize Dr. Serena Ma to perform the following procedures:

- Acupuncture: The insertion of pre-sterilized, disposable needles through the skin into the underlying tissues at specific points on the surface of the body.
- **Electroacupuncture:** Using very small amounts of electricity to stimulate acupuncture points.
- **Infrared Heat:** Applying heat generated by an infrared lamp over a specific area of the body.
- **Cupping:** Glass cups are placed on the skin with a vacuum created by heat or suction device.
- Acupressure: Traditional Chinese medical massage and manual therapy.
- Liniments, Oils, Plasters: Herbal formulas applied topically to the skin.
- **Dietary Advice:** Suggestions for nutrition and natural food products.

I recognize the potential benefits and risks of these procedures, including but not limited to:

- **Potential Benefits:** Drugless relief of presenting symptoms and improved balance of body energies that may lead to the prevention, improvement or elimination of the presenting problem.
- **Potential Risks:** Discomfort, pain, bruising, blistering, bleeding, infection at the site of the procedure, temporary discoloration of the skin, possible aggravation of symptoms existing prior to the acupuncture treatment, dizziness, nausea, fainting, stuck or broken needle.

Patients with bleeding disorders or pacemakers as well as pregnant patients should inform the practitioner prior to receiving treatment.

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While naturopathic and Oriental medicines have a great deal to offer as a health care system, it cannot totally replace the resources available through biomedical physicians. Consequently, it is recommended that I consult a physician regarding any condition or conditions for which I am seeking naturopathic or Oriental medicines for.

To comply with Article 160, Section 8211.1 (b) of NYS Education Law:

I, the undersigned, do affirm that ______ (patient) has been advised by Dr. Serena Ma, ND, MS, LAc to consult a physician regarding the conditions(s) for which such patient seeks naturopathic and Oriental medicines for.

Signature of patient (or guardian if under 18)

Date

Date

Serenity Natural Health

With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me regarding cure or improvement of my condition. I hereby release Dr. Serena Ma 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.

Signature of patient (or guardian if under 18)

Serenity Natural Health

24 Hours Cancellation Policy

I understand that 24 hours notice is required when canceling an appointment. I acknowledge that a <u>\$50 cancellation fee</u> be charged if I do not cancel 24 hours prior to the appointment.

Signature of patient (or guardian if under 18)

Credit Card Number, Exp Date, Billing Zip Code

Date

Date

Date

Date