

## Client Consent to Treatment

### Treatment Description

Acudetox is performed by placing thin, sterilized needles onto the surface of the ear. The treatment takes 30-45 minutes. Acudetox is usually done in a group setting. Treatments are provided by an Acudetox Specialist (ADS) or a professional acupuncture practitioner or supervised trainee.

### Possible Benefits of Treatment

The use of acudetox for detoxification, recovery support and relapse prevention has been shown to be helpful in relieving acute symptoms of withdrawal from a variety of substances. Individuals often feel immediate relief and a decrease in tension and anxiety. Further treatment may reduce such withdrawal symptoms as profuse sweating, headache, body ache, stomach pain, runny nose, drug dreams and cravings. Participants may develop a greater sense of and connection with themselves.

### Voluntary

I hereby voluntarily consent to be treated with acudetox. I understand that I may be treated with acupuncture needles and/or with the application of acupressure to the skin. I have not been guaranteed any specific outcomes concerning the uses and effects of acudetox. I understand that I am free to discontinue acudetox treatment at any time.

### Possible Side Effects/Healing Reactions

I understand that acudetox may result in certain side effects, including local bruising, slight bleeding, fainting, temporary pain and discomfort, and temporary aggravation of symptoms existing prior to treatment. Conventional medicine therapy also may be indicated, either in response to an emergency or as deemed necessary at the discretion of a licensed health care practitioner.

### Medical Referral

I understand that if there is a worsening of an ailment or condition, or if a new ailment or condition arises, I should consult a licensed physician. I also understand that if I am currently under a physician's care, I should continue as long as my physician and I deem it necessary. This program does not recommend altering medications or other therapies without first consulting my personal physician or health care provider.

### Infectious Disease/Clean Needle Procedures

I understand that there are infectious diseases which have the potential to be carried through the air, through physical contact, and through body fluids. I understand that ADSes/acupuncture practitioners follow universally prescribed precautions to guard against the spread of infection. In the case of blood-borne infections, such as hepatitis or HIV, I understand that the acudetox providers of this program follow strict precautions and use only sterilized, prepackaged, disposable needles. The acupuncture needles that are used for this treatment are single-use and applied according to nationally-based professional standards.

I further understand that I am responsible for cleaning my ears with sterile alcohol pads or other skin cleansing agent prior to acudetox treatment and that the treatment center will provide these supplies.

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Client Name

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Client Signature

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Date

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Witness Name (printed)

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Witness Signature

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Date