



Informed Consent for AcuWellness/AcuDetox

I, the undersigned, do hereby consent for myself or my child to receive an Auricular Acupuncture Treatment (5 Needle Point Protocol, 5NP) from a Certified Auricular Acu-Technician (AAT), an Acupuncture Detoxification Specialist (ADS), a licensed Acupuncturist, an Acupuncture Detoxification Specialist, or Auricular Acu-Technician in Training under Supervision by an Acupuncture Detoxification Specialist or Auricular Acu-Technician.

The 5NP AcuDetox ear acupuncture protocol is an evidence-based practice which is performed by placing 5 sterile, single-use acupuncture needles in each ear for 30-45 minutes by a Certified AcuDetox practitioner. There are always options for non-needle treatment such as ear seeds or beads. For more information and research on the effectiveness of AcuDetox for addiction and mental health issues and wellness, please visit:

<https://acudetox.com/protocol/>

The risks of AcuDetox include: slight discomfort, potential for minimal bleeding, possible light-headedness, and in very rare cases fainting. The benefits of AcuDetox can include: an increase in a general feeling of well-being, decrease in symptoms of stress, anxiety, & depression, general body detoxification, improved sleep, sense of relaxation, decreased cravings for addictive substances, and improved pain management. With repeated sessions, these benefits may be enhanced.

Participation is a choice and is always voluntary.

I understand that my consent can be withdrawn at any point.

Your / Your Child's Name: _____

Signature: _____ Date: _____

Phone Number: _____

Email Address: _____

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