



PurePoint Wellness LLC

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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, or 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 evidenced based practice which is performed by placing 5 sterile, single-use acupuncture needles in each ear for 20-45 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>

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, general body detoxification, improved sleep, sense of relaxation, decreased cravings for addictive substances, & improved pain management. With repeated sessions, these benefits may be enhanced.

Participation is always a choice and is always voluntary.
I understand that my consent can be withdrawn at any point.

Your/ Your Child's Name: _____

Your Signature: _____ Date: _____

Your Phone Number and Email Address:
