



Patient Notification of Qualifications and Scope of Practice

This patient disclosure form is to advise you (the patient) of the scope of practice for an East Asian medicine practitioner in the state of Washington. Eric Hartmann has his Master's degree in acupuncture from the Traditional Acupuncture Institute. He is a licensed acupuncturist in the state of Washington. (Washington State license #AC00000360). East Asian medicine means a health care service using East Asian medical diagnosis and treatment to promote health and treat organic or functional disorders.

The "scope of practice" for an East Asian Medicine Practitioner in the state of Washington includes, but is not limited to, the following list of techniques:

- * Acupuncture and moxibustion
- * Use of acupuncture needles to stimulate acupuncture points and meridians
- * Breathing, relaxation, and East Asian exercise techniques
- * Dietary advice and health education based on East Asian medical theory (including the sale of herbs, dietary and nutritional supplements)

Name _____

Address _____

City _____ State _____ Zipcode _____

email _____ Date of birth _____

Numbers:

Home _____ Cell _____

Work _____

Emergency contact _____

Physician _____

Who referred you to Eric? _____

1908 E. Republican St., Seattle, WA 98112

Rare **side effects** of acupuncture may include, but are not limited to: some brief pain following needle insertion, minor bruising, light headedness or feeling faint, infection, needle sickness, and broken needle.

Cancellation policy/missed appointments: If you cancel your appointment with less than 24 hours notice or miss it, the full payment is expected for the time reserved.

(Sorry, but I don't send reminder emails or phone calls prior to appointment times)

I hereby release Eric Hartmann, L.Ac. 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 my consent and to discontinue participation in these procedures at any time.

Patient signature

Date