

Tibetan Medicine & Holistic Healing Informed Consent for Tibetan Medicine Consults, Kunye Tibetan Massage & Acupressure

I, (*PRINT NAME*) _____ hereby state that it is my choice freely given for seeking traditional Tibetan Medicine treatment. I have had the opportunity to ask any questions about the history of the Tibetan Medical tradition, its modes of traditional treatment, and my practitioners qualifications prior to the commencement of any consultation.

I have been informed that Tibetan Medicine is not recognized, nor is licensed in the USA. Its treatments are considered alternative and are *not a replacement for traditional qualified licensed medical care or care of a licensed psychologist*. I agree that the practitioner of Tibetan Medicine, though they are recognized in other countries as a doctor is NOT recognized as such in the USA and *therefore cannot legally diagnose, prevent, prescribe, treat or cure any diseases*.

I understand that the traditional Tibetan Medical System employs the asking questions about ones diet, lifestyle and emotional state. The practitioner may suggest dietary and lifestyle changes. Traditional dietary supplements may be recommended to assist the diet and lifestyle changes; these are made in the traditional manner and may not be recognized by the FDA. I also have been informed that the traditional Tibetan Medical System can include massage, moxabustion, compress therapy, acupuncture and the draining of bad blood techniques. If any of these external therapies should be suggested by my practitioner, I understand I have the choice to accept the method or decline prior to commencement of such modalities.

I have been informed that my Tibetan Medical practitioner may request release forms in order to obtain necessary medical histories or test results from my primary care physician or specialist. I understand I have the right to decline all such requests but that my practitioner prefers an open dialogue with other practitioners or doctors. It has been explained that my practitioner will take any calls from my licensed medical doctor or any other therapists I am working with if they request or require information on the methods employed in traditional Tibetan Medicine as they pertain to my case.

I understand my practitioner isn't available or responsible for being "on call" for frequent detailed phone calls or emails. I have been informed they DO NOT receive text messages. Should necessary brief, infrequent calls and emails be needed they will be accepted. I understand I will be billed accordingly for frequent out of office contact based on my practitioner's discretion as further outlined in the clinic policies.

I also have agreed to the information from my consultations with my Tibetan Medical practitioner to be documented and kept by them; with the understanding that they are private. However, I agree that if any part of my consultation or history is published for research, presentation or case study that ALL identifying personal information will be left out.

I agree to take full responsibility for my choice of consulting with the Tibetan medicine practitioner having fully read the above statements and having been given an opportunity to ask any questions and have had them answered to my satisfaction.

I understand and agree to the policy that I must give 36 hrs advance notice for cancellation of any appointments or I may be held responsible for payment. I understand that payment is due when services are rendered.

Signed

Date _____

Parent if under 18 yrs of age - Print & Sign _____

Witnessed by _____

Date _____