



## Healing Bird Acupuncture

### **Informed Consent**

I, the undersigned, fully understand that no therapeutic treatment, including these, can carry with it any stated or implied guarantee of success. I understand that these treatments may cause bruising, miscarriage, pneumothorax, or burns and I release Heather Bird from responsibility in the event should they occur.

### **Financial Agreement**

I agree to pay in full at the time of service unless other arrangements have been made with Healing Bird Acupuncture. My appointment time is reserved especially for me. If I am unable to keep my appointment, I agree call at least 24 hours in advance so that my appointment may be allocated to another patient that needs care. If 24 hours notice is not given, I agree to pay in full for my appointment.

### **Arbitration**

I agree any and all disputes and claims, related to malpractice or not, will be determined by submission of arbitration and not by lawsuit or court process. This agreement is intended to create an open book account unless and until revoked. Request for arbitration must be communicated in writing to all parties and an arbitrator will be selected within 30 days.

This Consent and Release shall be binding upon my heirs, legal representatives, and any and all assigns of the Client. I acknowledge that I have read this Consent and Release, that its contents have been fully explained to me, and I certify that I understand its contents.

### **READ BEFORE SIGNING**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_