DISCLOSURE

Dr. Sarah Reyna, DAOM, MSOM, LAc graduated from the American Academy of Acupuncture and Oriental Medicine in 2018 with a Doctorate of Science degree in Acupuncture and Oriental Medicine and in 2009 with a Masters of Science degree in Acupuncture and Oriental Medicine. Dr. Reyna is Board certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) and is licensed in the State of Minnesota as a Licensed Acupuncturist (LAc) by the MN Board of Medical Practice.

The **scope of practice** under acupuncture licensure in Minnesota includes using Oriental medical theory for diagnosis and for development of a treatment plan. Treatment techniques may include acupuncture, electrical stimulation, heat, cupping, gua sha, acupressure, herbal therapy, dietary counseling, breathing techniques, exercise, and tui na massage. **Side effects** of acupuncture, while not common, may include some pain in the treatment area, minor bruising, infection, needle sickness, or broken needles. **Consultation** with the primary care physician about the acupuncture treatment is advised if necessary or desired. **Confidentiality** of records is maintained and will only be released with written consent.

I acknowledge that I have received this information based on MN Statute 147B.

PRIVACY PRACTICES

I acknowledge that I received the Privacy Practices, dated March 2018, from Beautiful Ama, LLC.

FINANCIAL POLICY

I agree to be responsible for all expenses incurred with Beautiful Ama, LLC. I authorize my insurance company to pay directly to Beautiful Ama, LLC and/or provide any information regarding payment of my bill. If my insurance company sends payment to me for services incurred at Beautiful Ama, LLC, I agree to forward those payments to Beautiful Ama, LLC. I have read and understood the Financial Policy, dated April 2019, in its entirety and agree to the conditions contained therein.

SIGNATURE

I acknowledge and agree to the disclosure, privacy practices, and financial policy.

Patient Name: ____ Date: _________________________

Signature: ____

Retroactive Effect
If you intend for this agreement to cover services rendered before the date it is signed, please initial: _____.
Effective as the date of first professional services.