



Notice of Privacy Practices

I give this practitioner the consent to use or disclose my personal health information to carry out my treatment, to obtain payment from insurance companies, and for health care operations such as quality reviews.

I have been informed that I may review the practitioners Notice of Privacy Practices (for a more complete description of uses and disclosures) before signing this consent.

I understand that this practitioner has the right to change their privacy practices and that I may obtain any revised notices of the practitioner.

I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand that the practitioner is not required to agree to the request. If the practitioner agrees to the request restriction, they must follow the restriction(s).

I also understand that I may revoke this consent at any time, by making a request in writing, except for the information already used or disclosed.

Patient, Parent or Legal Guardian Signature

Date

If signed by patient representative, state relationship to patient; _____



Patient Consent to Treat

I, _____ consent and authorize Sozo Health & Physical Therapy to provide physical therapy services as indicated that may be considered appropriate upon the professional judgment of my treating therapist, and/or my referring physician.

I also understand I have the right to ask, and have any questions answered prior to, during and after treatments, including risks, benefits, alternatives, and purpose of treatments.

Patient Signature

Date

Assignment and Release

I hereby authorize payment directly to Sozo Health & Physical Therapy (Parent Company) for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, and for all services rendered on my behalf or my dependents.

I authorize the above doctor and/or any provider or supplier of services in this office to release the information required to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Responsible

Date

Dry Needling Patient Consent to Treat

What is Dry Needling?

Dry needling is a form of therapy in which fine needles are inserted into myofascial trigger points (painful knots in muscles), tendons, ligaments, or near nerves in order to stimulate a healing response in painful musculoskeletal conditions. Dry needling is not acupuncture or Oriental Medicine; that is, it does not have the purpose of altering the flow of energy (“Qi”) along traditional intervention for the treatment of pain and dysfunction in musculoskeletal conditions such as neck pain, shoulder impingement, tennis elbow, carpal tunnel syndrome, headaches, knee pain, shin splints, plantar fasciitis, or low-back pain.

Is Dry Needling safe?

Drowsiness, tiredness or dizziness occurs after treatment in a small number of patients (1-3%) and if affected, you are advised not to drive. Minor bleeding or bruising occurs after dry needling in 15-20% of treatments and is considered normal. Temporary pain during dry needling occurs in 60-70% of treatments. Existing symptoms can get worse after treatment (less than 3% of patients); however, this is not necessarily a “bad” sign. Fainting can occur in certain patients (0.3%), particularly at the first treatment session when needling the head or neck regions. Dry needling is very safe. However, serious side effects can occur in less than 1 per 10,000 (less than 0.01%) treatments. The most common serious side effect from dry needling-induced pneumothorax (lung collapse due to air inside the chest wall). The symptoms of dry needling-induced pneumothorax commonly do not occur until after the treatment session, sometimes taking several hours to develop. The signs and symptoms of a pneumothorax may include shortness of breath on exertion, increased breathing rate, chest pain, a dry cough, bluish discoloration of the skin, or excessive sweating. If such signs and/or symptoms occur, you should immediately contact your physical therapist or physician. Nerves or blood vessels may be damaged from dry needling which can result in pain, numbness or tingling; however, this is a very rare event and is usually temporary. Damage to internal organs has been reported in the medical literature following needling; however, these are extremely rare events (1 in 200,000).

Please answer the following questions:

1. Have you ever fainted or experienced a seizure? **YES/NO**
2. Do you have a pacemaker or any electrical implant? **YES/NO**
3. Are you currently taking anticoagulants (blood thinners e.g. aspirin, warfarin, coumadin)? **YES/NO**
4. Are you currently taking antibiotics for an infection? **YES/NO**
5. Do you have a damaged heart valve, metal prosthesis or other risk of infection? **YES/NO**
6. Are you pregnant or actively trying for a pregnancy? **YES/NO**
7. Do you suffer from metal allergies? **YES/NO**
8. Are you diabetic or do you suffer from impaired wound healing? **YES/NO**
9. Do you have hepatitis B, hepatitis C, HIV, or any other infectious disease? **YES/NO**
10. Have you eaten in the last 2 hours? **YES/NO**

Single Use, disposable needles are used in this clinic.

STATEMENT OF CONSENT

I confirm that I have read or understand the above information, and I consent to have dry needling treatments. I understand that I can refuse treatment at any time.

Signature: _____

Printed Name: _____ Date: _____