**
Consent to NADA Ear Acupuncture**

 **Treatment Description:**Acudetox is done by placing up to five thin, sterile, single-use needles in both of your ears. The needles are generally left in place for 30-45 minutes. This treatment is usually administered in a group setting.

**Possible Side Effects/Healing Reactions:**I understand that acupuncture may cause some slight discomfort where the needle is placed. Potential risks of treatment include: local bruising, minimal bleeding when needles are removed, dizziness or fainting and light-headedness. There is minimal risk of local infection.

**Possible Benefits of this Treatment Include:**A general feeling of well-being, improved sleep, sense of relaxation, decreased cravings for addictive substances and improved pain management. With repeated sessions these benefits may be enhanced.

**Clean Needle Procedures:**I understand that acudetox practitioners/trainees follow the prescribed national standards of Universal Precautions to guard against the spread of infection through the use of sterilized, prepackaged, disposable single-use needles. I further understand that I am responsible for cleaning my ears prior to an acudetox treatment.

I understand that my participation is voluntary and that I can withdraw my consent at any time. I have read and understand the potential risks of this procedure.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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