

**Hayley Mermelstein, Lic. Acup.**  
Suite 1, 800 Main Street, Amherst, MA 01002  
413.253.7978  
www.HayleyMermelstein.com

**Consent to Treatment**

I \_\_\_\_\_,

hereby authorize Hayley Mermelstein to administer any style of Oriental Medicine relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles and sizes of acupuncture needles into my body at various depths and locations.
2. Heat treatments using *Artemesia vulgaris* (moxibustion, "moxa") or a conventional heat lamp.

Indirect moxibustion treatments involve putting moxa on the head of the needle, on top of a barrier such as salt or a slice of ginger. When direct moxa is used, the moxa is placed directly on the skin. The heat generated from the moxa treatment may involve slight discomfort or leave a blister or scar on the skin. With any type of heat, there is always a risk of a burn.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatment, have been informed of the risks and possible consequences involved with this treatment, and have been given an opportunity to ask questions pertaining to the treatment. I also understand there is always a possibility of an unexpected complication and I understand that no guarantee can be made concerning the results of treatment.

Signature of patient \_\_\_\_\_

Printed name of patient \_\_\_\_\_

Date \_\_\_\_\_

Signature of practitioner \_\_\_\_\_

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