

PATIENT INFORMATION AND CONSENT FORM

AURICULAR DETOXIFICATION CONSENT FORM

WHAT IS AURICULAR DETOXIFICATION?

Auricular detoxification involves the insertion of five needles into specific areas on the ear that are used for detoxification for substance abuse, chemical dependency, or both.

WHAT IS THE ROLE OF AURICULAR DETOXIFICATION IN GEORGIA?

The Georgia Code 360-6-.16 states that an Auricular Detoxification Technician is not licensed to practice medicine in the State of Georgia. Accordingly, an Auricular Detoxification Technician is not able to make a medical diagnosis of the person's disease. Therefore, if you are seeking to obtain a medical diagnosis, then you should see a licensed physician and seek medical advice from a licensed physician.

DOES AURICULAR DETOXIFICATION HAVE SIDE EFFECTS?

Auricular detoxification is generally very safe and serious side effects are rare.

You need to be aware that:

- Drowsiness occurs after auricular detoxification in a small number of individuals and, if affected, you are advised not to drive.
- Minor bleeding or bruising occurs after auricular detoxification.
- Pain during auricular detoxification can occur.
- Fainting can occur in certain individuals, particularly at the first session.

In addition, if there are particular risks that apply in your case, your Auricular Detoxification Technician will discuss these with you.

IS THERE ANYTHING YOUR AURICULAR DETOXIFICATION TECHNICIAN NEEDS TO KNOW?

Apart from the usual medical details, it is important that you let your practitioner know:

- If you have ever experienced a seizure, dizziness, or fainting episode
- If you have a pacemaker or any other electrical implants
- If you have a bleeding disorder
- If you are taking anti-coagulants or any other medications
- If you have damaged heart valves or have any other particular risk of infection

SINGLE-USE, STERILE, DISPOSABLE NEEDLES ARE USED.

STATEMENT OF CONSENT

I am seeking to be treated with auricular detoxification for the condition of _____.

I confirm that I have read and understood the above information and I consent to having auricular detoxification. I understand that I can refuse auricular detoxification at any time.

Signature _____

Print name in full _____

Date _____

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CLIENT INFORMATION LEAFLET

(Please read this information carefully and ask your Auricular Detoxification Technician if there is anything that you do not understand.)

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