

Jia Eastern Healing Center

CONSENT FORM

I, _____, hereby consent to receive services from Shirley Zhu at Jia Eastern Healing Center or whomever she designates in her absence. I have read and understood the following information:

Process:

- We may need to touch or palpate different areas on the body to help in the diagnosis or in locating where the coldness is accumulated.
- You may be asked to wear soft material of cloth, or expose your arms and legs (knees and below) to enable better evaluation.
- Some questions that you may be asked might seem irrelevant to you but they are helping us make a holistic evaluations.
- If you feel uncomfortable in any way during your visit for any reason please tell us.
- All procedures will be clearly explained during your visit.
- Written consent from guardian or parent to be obtained for minors (16 years)
- Payment must be made in full at the time of visit.

My Right:

- I have the right to decline or withdraw my consent to treatment at any time.
- I have the right to see this information.

My Consent:

- I accept the fact that there is no guarantee concerning the outcome of my treatments and I understand that I may also stop treatment at any time.
- I also accept that there are NO REFUNDS on any services, including herbal formula.
- I am in full compliance with the fact that in the event I decide to seek treatment from a health practitioner outside this office and client records need to be transferred, all herbal prescriptions and instant pain relief method on the records are copyrighted, the exclusive property of THIS office and may not be used without express written permission from THIS office.
- Any request of client records by me or any other health practitioner I decide to transfer to for purposes of using copyrighted herbal prescription and instant pain relief method of THIS office without permission is strictly prohibited.

Signature of Client or Guardian

_____/_____/_____
Date