

Informed Consent
知情同意书

New York State Law Requirement
纽约州法律要求

I have been advised to consult a physician regarding the condition for which I am undergoing acupuncture treatment. The benefits and risks of receiving acupuncture and Oriental medical treatment at Ming Qi Acupuncture, PLLC have been explained to me.

我已被医生告知了有关针灸治疗的情况。鸣岐针灸公司已向我解释了接受针灸治疗和东方医学治疗的利弊。

I understand that my signature in this form indicates that I have read and understand the preceding information regarding my treatment. I understand that if I have any questions about this information, I should ask my practitioner.

我了解我在这张表格上面的签名表明我已阅读和了解有关我的治疗过程。我了解到如果我对此信息有任何问题，我将询问我的医生。

I hereby release Ming Qi Acupuncture, PLLC. And its representatives from any and all liability that may occur in connection with the above-mentioned procedures, except for the failure to perform the procedures with appropriate medical care.

在此，我声明除了未能实施适当的医治，关于以上医疗过程，鸣岐针灸 PLLC 和其代表将不担负任何责任。

Patient' s Name: _____

Date: _____