

INFORMED CONSENT FORM

I hereby authorize and consent to my participation in an investigative study on the clinical efficacy of stimulation of acupuncture points.

I understand that this study is concerned with the systematic assessment of treatment outcome measures obtained before and after treatment of health disorders by acupuncture procedures. I understand that there will be one to five treatment sessions. I know that I can request additional treatments, as needed, after that time. I understand that these treatment will include the stimulation of acupuncture points on the ear and body and that there is sometimes uncomfortable sensations when this procedure is done..

I understand that my participation will involve completing several surveys of health distress and pain intensity. I also know I will be asked to fill out questionnaires on my demographic background and health history. I also understand that I will be asked to complete a daily diary, which will require approximately five minutes a day for each day of the several weeks I am receiving treatment.

I understand that I am not required to fill in a response to any question that I do not feel comfortable answering.

I understand that all forms and surveys will be kept confidential and that the data will be used for research purposes only.

I fully understand that I am free to withdraw from participation in this study at any time during my participation, and that I am not obligated to complete the surveys and questionnaires.

I understand that there are no anticipated risks or discomforts involved in my participating in the study, other than the stimulation of points on the ear which may be tender. I know that I will receive no direct benefit from participating. However, the published findings of this study may be helpful to health care practitioners desiring to better understand alternative forms of medicine.

I understand that if I have any questions or concerns regarding the study or my part in it, that I may write or call the project director, Dr. Terry Oleson, at PMB #2657, 8033 Sunset Blvd., L.A., CA 90046, (323) 656-2084, email: hca-la@worldnet.att.net .

My signature indicates that I have read and understand this consent form and that I agree to participate in the study.

Participant's Name (Print): _____ Date: _____

Participant's Signature: _____