

Informed Consent for Herbal Detox Program and All Provided Care

I hereby request and consent to the performance of all aspects of the Herbal Detox program, including but not limited to acupuncture treatments and various modes of physiotherapy on me (or on the patient named below, for whom I am legally responsible) in accordance with the Herbal Detox program performed by Gangpei Zhou, AP.

I understand that methods of treatment may include, but are not limited to: acupuncture, moxibustion, cupping, energy cleansing, moving cupping, electrical stimulation, Tui-Na (Chinese Massage), Qi Gong, Chinese or Western herbal medicine, a specialized medication plan, supplement recommendations, recommendations for lifestyle changes, Taiji, and nutritional counseling.

The herbal detox program is a private outpatient program that lasts approximately one month. The overall goal of this program is to help the patient adapt to a drug-free lifestyle and to provide them with the tools and proper treatments to aid in making their journey to recovery a success. We find that patients who enter the program that are motivated to break their cycle of addiction, maintain their confidence throughout the program. This confidence will lead the patient to overcome some of the tough periods of the recovery process. For success in the program, all patients need to begin the process being completely honest with themselves and Gangpei Zhou, AP. Maintaining this honesty will help the patient maintain accountability. I hereby confirm that all information provided to International Wellness Center, regarding my health history, past and current drug use, commitment level to the Herbal Detox program, and other health conditions/issues are accurate.

The Herbal Detox program is a three stage process, which is specifically structured to give each patient a easy to follow individualized treatment plan. During the first week in the program, patients are required to visit the office everyday. These visits will help Dr. Zhou carefully monitor the patient's body response to the herbal formula and provide the appropriate treatments, which should help reduce the discomfort of withdrawal symptoms. Each of the following weeks of the program, the acupuncturist will assess the patient's overall condition, and depending on how the patient is coping with the treatment will adjust the number of weekly visits. The herbal detox program includes energy cleansing, which is a targeted approach that helps reduce withdrawal symptoms and improve the patient's energy level. This strengthens the patient's overall ability to cope with cravings, anxiety, and stress. In the second stage of the program as the patient's withdrawal symptoms have decreased, Dr. Zhou will perform a full assessment of the patient in order to diagnose all of the patient's medical issues and introduce personalized strategies to improve and maintain good physical and mental health. In the final stage of the program, Dr. Zhou will expand upon these strategies and give the patient a full set of lifestyle changes to adopt, which should improve the likelihood of them breaking the cycle of addiction. I confirm that neither Gangpei Zhou, nor anyone in his office, claimed the Herbal Detox program was a cure for drug addiction. I certify that I sought to take part in the Herbal Detox program through my own free will, and I understand that completion of this program does not ensure that I will remain in recovery throughout my life.

Part of this program involves taking prescribed herbal medications (and possibly nutritional supplements). All the herbal medications have been derived from plants, animals, and mineral sources, and have been found to be safe in the practice of Chinese Medicine. I understand that some

herbs may be inappropriate during pregnancy, thus if at any point throughout the program that I (or the patient listed below) become pregnant, I acknowledge that it is my responsibility to inform Dr. Zhou and his office immediately, so that the proper precautions are taken to ensure the patient's safety. Also, if the patient begins to experience any gastrointestinal issues or suffers from an allergic reaction from the herbal medications, I acknowledge that I am responsible for informing Gangpei Zhou, AP.

One of the foundational building blocks of the Herbal Detox program is the involvement of acupuncture treatments. Acupuncture is an essential part of the Herbal Detox Program, as it seeks to reset the brain's communication pathway throughout the body, which continuous drug use had altered. By working directly on the communication pathway, the acupuncture treatments actively work to stabilize the dopamine levels in the body, which helps to make the detoxing part of the program become less strenuous on the patient. I confirm that I have been informed that acupuncture is a safe method of treatment, but occasionally, there may be some bruising or tingling near the needling sites that last a few days. There have been very rare instances reported of fainting, infection, and scarring. There have been extremely rare instances reported of spontaneous miscarriage and pneumothorax. I do not expect the acupuncturist to be able to anticipate and explain all risks and complications, I wish to rely on the acupuncturist's best judgement, based upon the facts known at the time of treatment, throughout the course of the program.

I understand the clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my expressed consent. I confirm that I have

read, or have had the informed consent policy read to me, and that I have had the opportunity to ask questions regarding its content.

I understand my patient records and patient information will be kept confidential and shared only when necessary to provide care and services, by my authorization, or when required/permitted by law.

By signing below, I agree to begin the Herbal Detox program and to all of the above named procedures. I confirm that this consent form covers the entirety of my course of treatments for my present condition and for any future condition(s) for which I seek treatment.

Patient's Name:

Patient's/Patient Representative Signature:

Date:
