Clancy Acupuncture & Oriental Medicine
Benjamen Clancy, DAOM, L.Ac.
1905 Baywood Drive
Sarasota, Florida 34231
(502) 710-9088

AUTHORIZATION TO TREAT

I hereby authorize **Benjamen Clancy, DAOM, L.Ac.**, to provide evaluation and treatment using acupuncture and related Traditional Chinese Medicine modalities. These may include acupuncture, cupping, moxibustion, gua sha, and lifestyle or dietary recommendations as appropriate for my condition.

I understand that, as with all medical treatments, there may be risks, side effects, or complications, and that no guarantee of results has been made. I understand that I may refuse or stop treatment at any time.

I acknowledge that I have received or been offered a copy of the **Notice of Privacy Practices** explaining my HIPAA rights.

I understand this consent is voluntary, and refusal will not affect my right to future care. I have read, understood, and voluntarily consent to treatment as described above.

Your signature: _____

Print name: _____

Date: _____

Signature of Parent/Guardian if a minor: _____

Relationship to patient: _____