



PATIENT INFORMED CONSENT FORM FOR RESEARCH

For the furthering of Chinese medicine science and the promotion of clinical effectiveness of Chinese medicine therapies

I consent to the use of unidentifiable information in research studies possible leading to publication of the material about their cases in professional medical literature including but not limited to written or electronic format.

Patient Name: _____

Today's date: _____

By signing this document, I give my consent so that Kumiko Shirai, MSOM, LAc, of the Acupuncture Associates of Oregon LLC may study my medical condition or statistically process the outcomes of the treatment for the purpose of authoring academic or clinical medical write-ups of my case.

I understand that material can be published about my case, and I give my consent for it to appear in any form of professional literature, including but not limited to printed or electronic format.

I am informed about and understand that:

1. The material will be published without my name attached and every attempt will be made to ensure my anonymity. I understand, however, that complete anonymity cannot be guaranteed. It is possible that somebody somewhere – perhaps for example, somebody who looked after me if I was in hospital, or a relative – may identify me;
2. The material may be published in the journals which are circulated to members of various worldwide acupuncture societies for health care professionals, and to hospital libraries, but may also be seen by journalists;
3. Some items can also be placed on academic medical websites, or be used for teaching acupuncture to health care students or practitioners;
4. The material will not be used for advertising.
5. Kumiko strictly adheres to the Privacy Guidelines for Medical Researchers (http://privacyruleandresearch.nih.gov/pr_08.asp) as outlined by the National Institute of Health as well as current HIPAA regulations.

Signed: _____ Date: _____