

Wendy Becker, BA, LMT, Dipl. L.Ac., EAMP, CNRT-M

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WASHINGTON STATE WAIVER

This form reflects the requirements of Washington State Law (WAC 246-803-310) and is kept in your patient file. Under RCW 18.06.140, Washington State Department of Health requires a written waiver to be administered when the East Asian Medicine Practitioner sees a patient with a known or potentially underlying serious disorder.

Written Waiver to Continue East Asian Medical Treatment

I, _____,

acknowledge that I may have a known or underlying potentially serious disorder. **Wendy Becker, LMT, Dipl. L.Ac., EAMP, CNRT-M or Heal With Wendy Inc.**, requires an authorized consultation or recent referral diagnosis from a physician or physician’s assistant, osteopathic physician or osteopathic physician’s assistant, naturopath or ARNP for any known specific and potentially serious disorder. Moreover, I acknowledge that failure to pursue treatment from my primary health care provider may involve risks such as:

- (b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;
- (c) Moxibustion;
- (d) Acupressure;
- (e) Cupping;
- (f) Dermal friction technique “gua sha”;
- (g) Infra-red;
- (h) Sonopuncture;
- (i) Laserpuncture;
- (j) Point injection therapy (aquapuncture); and
- (k) Dietary advice and health education based on East Asian medical theory, including the recommendation and sale of herbs, vitamins, minerals, and dietary and nutritional supplements;
- (l) Breathing, relaxation, and East Asian exercise techniques;
- (m) Qi gong;
- (n) East Asian massage and Tui na, which is a method of East Asian bodywork, characterized by the kneading, pressing, rolling, shaking, and stretching of the body and does not include spinal manipulation; and
- (o) Superficial heat and cold therapies.

I, nonetheless, refuse to authorize a consultation or to provide a recent referral diagnosis from such a primary health care provider and wish to continue with treatment.

An East Asian medicine practitioner’s scope of practice includes the following techniques and services:

- (a) Acupuncture, including the use of acupuncture needles or lancets to acupuncture points and meridians;

I understand the services and techniques the East Asian Medicine Practitioner is authorized to provide. These services are intended to help bring relief through use of Chinese medical theory and diagnostic patterns observed in my case. Finally, I understand and acknowledge that treatment from **Wendy Becker, LMT, Dipl. L.Ac., EAMP, CNRT-M or Heal With Wendy Inc.** will not guarantee resolve for my known or underlying potentially serious disorder(s) diagnosed by my primary health care provider.

Patient Signature _____/_____/_____
Date

Provider Signature _____/_____/_____
Date