

21 NCAC 01 .0402 ACUPUNCTURE PROCEDURES

The following procedures shall be followed within the practice of acupuncture:

- (1) Practice Setting:
 - (a) Treatments shall be given in surroundings that provide privacy and confidentiality.
 - (b) Community acupuncture practices that perform acupuncture treatment in a group setting shall obtain and retain a signed consent waiving the right to a private treatment setting from every patient prior to his or her first treatment.
 - (c) Every acupuncture office shall be maintained in a clean and sanitary condition at all times, and shall have an accessible bathroom facility.
 - (d) All applicable OSHA Standards, as amended or replaced, shall be met including those pertaining to blood borne pathogens, which can be found at <https://www.gpo.gov/fdsys/pkg/CFR-2017-title29-vol6/pdf/CFR-2017-title29-vol6-sec1910-1030.pdf> at no cost.
 - (e) All acupuncture practice and recordkeeping shall be compliant with all State and federal laws and regulations pertaining to the confidentiality of medical records including security and privacy regulations enacted under HIPAA, as amended or replaced, including 45 C.F.R Part 160, which can be found at <https://www.gpo.gov/fdsys/pkg/CFR-2017-title45-vol1/pdf/CFR-2017-title45-vol1-part160.pdf> at no cost, and subparts A and E of Part 164, which can be found at [https://www.gpo.gov/fdsys/pkg/CFR-2017-title45-vol1-part164-subpartA.pdf](https://www.gpo.gov/fdsys/pkg/CFR-2017-title45-vol1/pdf/CFR-2017-title45-vol1-part164-subpartA.pdf) and [https://www.gpo.gov/fdsys/pkg/CFR-2017-title45-vol1-part164-subpartE.pdf](https://www.gpo.gov/fdsys/pkg/CFR-2017-title45-vol1/pdf/CFR-2017-title45-vol1-part164-subpartE.pdf) respectively and at no cost.
- (2) Prior to treatment, a licensee shall obtain a written or oral medical history that includes the following information:
 - (a) Current and past conditions, illnesses, treatments, hospitalizations, and current medications, and allergies to medications;
 - (b) A social history that shall include the use of tobacco, alcohol, caffeine, and recreational drugs;
 - (c) The names of health practitioners;
 - (d) The presenting complaints, along with remedies and treatments tried and in progress;
 - (e) Whether the patient is pregnant and whether the patient has any biomedical devices, such as artificial joints or cardiac pacemaker.
- (3) Fees. Information concerning treatment fees shall be made available to the patient prior to treatment.
- (4) Guarantees. No express or implied guarantee about the success of treatment shall be given to the patient. Reasonable indication of the length of treatment and usual outcome shall be given to the patient.
- (5) Diagnosis:
 - (a) Licensees shall diagnose each patient employing methods used by the traditions represented in Asian medicine as reflected in Rule .0104(2) of this Chapter and within the context of Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) educational programs.
 - (b) All acupuncture diagnostic techniques utilized shall be recorded at each visit.
- (6) Treatment. The specifics of all treatment shall be recorded at each visit. Treatments shall be in accordance with Asian and biomedical knowledge obtained in acupuncture training programs.
- (7) Medical Records. Dated notes of each patient visit and communication shall be kept seven years. Authorization for release of medical records shall be obtained prior to sharing of any patient information. Medical records shall be released to patient upon receipt of the authorization. G.S. 90-411 sets forth the amounts healthcare providers can charge for copies of patient medical records. In charging patients for their records, licensees shall follow G.S. 90-411 as written, or as subsequently amended.
- (8) Failure to Progress:
 - (a) If a patient fails to respond to treatments, the licensee shall initiate a discussion with the patient about other forms of treatment available or make a referral to another health care professional.

- (b) In the case of persistent or unexplained pain, or the unexplained worsening of any condition while receiving treatment, the licensee shall initiate a referral or seek a consultation with other health care providers. In choosing a referral source, the licensee shall give priority to practitioners who have previously seen or treated the patient.
- (c) Licensees shall honor and consider all requests by a patient for information about other forms of treatment available or for referral to another health care practitioner.

*History Note: Authority G.S. 90-411; 90-454;
Eff. August 1, 1995;
Readopted Eff. April 1, 2018.*