



Sattva Ayurveda
Natural Healing Therapies

DISCLOSURE

Agustín Reyna graduated from the Minneapolis Institute of Ayurveda in 2019 with an Ayurveda Health Counselor certification. The **scope of practice** for an Ayurvedic Health Counselor includes using the principles of Ayurvedic medicine to create diet and lifestyle (āhāra and vihāra) recommendations according to their assessment of the patient's Ayurvedic constitution and imbalances (prakṛti and vikṛti), state of the doṣas, agni, dhātus, malas, and manas (mind). Ayurvedic Health Counselors are competent in health promotion and disease prevention (svasthavṛtta). Treatment techniques may include food recommendations (āhāra), lifestyle recommendations (vihāra), positive conduct recommendations (ācāra), recommendations in the use of the senses (Indriyārthasaṁyoga), herbal medicine (Dravya), yoga therapy, pacification therapies (Śamana), building/tonification therapies (Bṛhṇhaṇa Cikitsā), meditation, breathing techniques, marma point therapy, massage, and marmapuncture.

Dr. Sarah Reyna, DAOM, MSOM, LAc graduated from the American Academy of Acupuncture and Oriental Medicine in 2018 with a Doctorate of Science degree in Acupuncture and Oriental Medicine and in 2009 with a Masters of Science degree in Acupuncture and Oriental Medicine. Dr. Reyna is Board certified by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) and is licensed in the State of Minnesota as a Licensed Acupuncturist (LAc) by the MN Board of Medical Practice. The **scope of practice** under acupuncture licensure in Minnesota includes using Oriental medical theory for diagnosis and for development of a treatment plan.

Side effects of marmapuncture, while not common, may include some pain in the treatment area, minor bruising, infection, needle sickness, or broken needles. **Consultation** with the primary care physician about the treatment is advised if necessary or desired. **Confidentiality** of records is maintained and will only be released with written consent.

I acknowledge that I have received this information based on MN Statute 146A.01 and 147B.

PRIVACY PRACTICES

I acknowledge that I received the Privacy Practices, dated July 2019, from Sattva Ayurveda, LLC.

FINANCIAL POLICY

I agree to be responsible for all expenses incurred with Sattva Ayurveda, LLC. I have read and understood the Financial Policy, dated July 2019, in its entirety and agree to the conditions contained therein.

SIGNATURE

I acknowledge and agree to the disclosure, privacy practices, and financial policy.

Client Name: _____ Date: _____

Signature: _____

Retroactive Effect

If you intend for this agreement to cover services rendered before the date it is signed, please initial: _____.
Effective as the date of first professional services.