

Denver Community Acupuncture

Affordable Health Care for a Healthy Community

2530 W. 29th Avenue Denver, CO 80211

Phone: 720.855.3160

www.denvercommunityacupuncture.com

COLORADO MANDATORY DISCLOSURE STATEMENT & INFORMED CONSENT

This disclosure statement is in compliance with the State of Colorado, Department of Regulatory Agencies, Colorado Statue Title 12 Article 29.5. All rules and regulations set forth by the Department of Health are strictly adhered to, including proper cleaning, sterilization, and sanitation of equipment and office. Only single-use, disposable, factory-sterilized needles are utilized. The practice of acupuncture is regulated by the Director of Registrations, Colorado Department of Regulatory Agencies. If you have any comments, questions, or concerns, please contact the Acupuncturists Registrations Office, 1560 Broadway, Suite 1350, Denver, CO 80202 (phone: 303.894.2440). The patient is entitled to receive information about the methods of therapy, the techniques used, and the duration of therapy, if known. The patient may seek a second opinion from another healthcare professional or may terminate therapy at any time. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Director of the Division of Registration in the Department of Regulatory Agencies.

Practitioner Education, Certification, and Experience

Jessica Goodman, Dipl.OM., L.Ac.- earned her Master of Science in Oriental Medicine from Southwest Acupuncture College in 2009. NCCAOM Diplomate in Oriental Medicine (acupuncture and Chinese herbology) in 2009. Colorado Licensed Acupuncturist, license #1542. Clinical experience includes oncology, obstetrics and gynecology, orthopedics, and pediatrics. This 3.5 year program consists of 3,045 hours of education including 1,000 hours of clinical practice.

Nikole Maxey, Dipl.OM., L.Ac.- earned her Master of Science in Oriental Medicine from Southwest Acupuncture College in 2009. NCCAOM Diplomate in Acupuncture in 2009. Colorado Licensed Acupuncturist, license #1566. Clinical experience includes obstetrics and gynecology, orthopedics, and pediatrics. This 3.5 year program consists of 3,045 hours of education including 1,000 hours of clinical practice.

Adrienne Kam Dipl. OM, L.Ac- earned her Masters of Acupuncture and Oriental Medicine degree from the Academy of Oriental Medicine in Austin in September 2009. This four year program consisted 3,200 hours of oriental medicine education and included 1,000 hours of clinical practice. She is a NCCAOM Diplomat in Oriental Medicine which includes certification in Clean Needle Technique, Acupuncture and Chinese Herbology. She became a Colorado licensed Acupuncturist in 2011. Clinical experience includes gynecology, orthopedics, and stress induced disorders. She is also trained in tui na, acupressure, cupping, auriculotherapy, and dietary and lifestyle recommendations.

Informed Consent

I hereby request and consent to the performance of acupuncture procedures by my practitioner, Jessica Goodman or Nikole Maxey. I have been informed that acupuncture is a safe method of treatment but that it may have side effects including discomfort, pain, dizziness, bruising, or numbness at the site of the procedure. Unusual and rare risks of acupuncture include nerve damage, organ puncture including lung puncture, infection, and spontaneous miscarriage. Other side effects and risks may occur. If I suspect that I am pregnant, I will immediately inform the practitioner. I have discussed the nature and purpose of my treatment with the practitioner(s) named above. I understand that there are no guarantees regarding cure or improvement of my condition. I understand that there may be limitations to the care provided and that in my best interest, I may be referred to another practitioner or other health care provider who may be more qualified to treat me outside of these facilities. I do not expect the practitioner to anticipate and explain all possible risks and complications, and I permit the practitioner to determine and/or alter the course of treatment which the practitioner judges to be in my best interests based upon the facts then known. I understand that I have the choice to accept or reject treatment at any time. I have read or have had read to me the above consent. I have also had the opportunity to ask questions about its content, and by signing below, I agree to all terms and conditions stipulated by this document. I intend this form to cover the entire course of treatment for my condition and for any future condition(s) for which I seek treatment.

Clinic Fee Schedule (due at time of service)

Initial Consultation	\$15.00 + treatment fee
Community Room Treatment	\$25.00-\$45.00 (income-based sliding scale)
Herbal Consultation	\$35.00
Pediatric Treatment	\$25.00-\$45.00 (income-based sliding scale)

Patients who miss appointments or cancel less than 24 hours in advance will be charged \$25.00.

Insurance: we do not bill insurance at this time; upon request, we will provide you with a receipt for your insurance company

Signature of patient/person authorized to consent Relationship/authority of representative Date

Signature acknowledging receipt of HIPPA policy Relationship/authority of representative Date

Signature allowing stored credit card information Relationship/authority of representative Date